Applied Psychology in Context

Stories and Lessons from Palestinian Villages

Caesar Hakim
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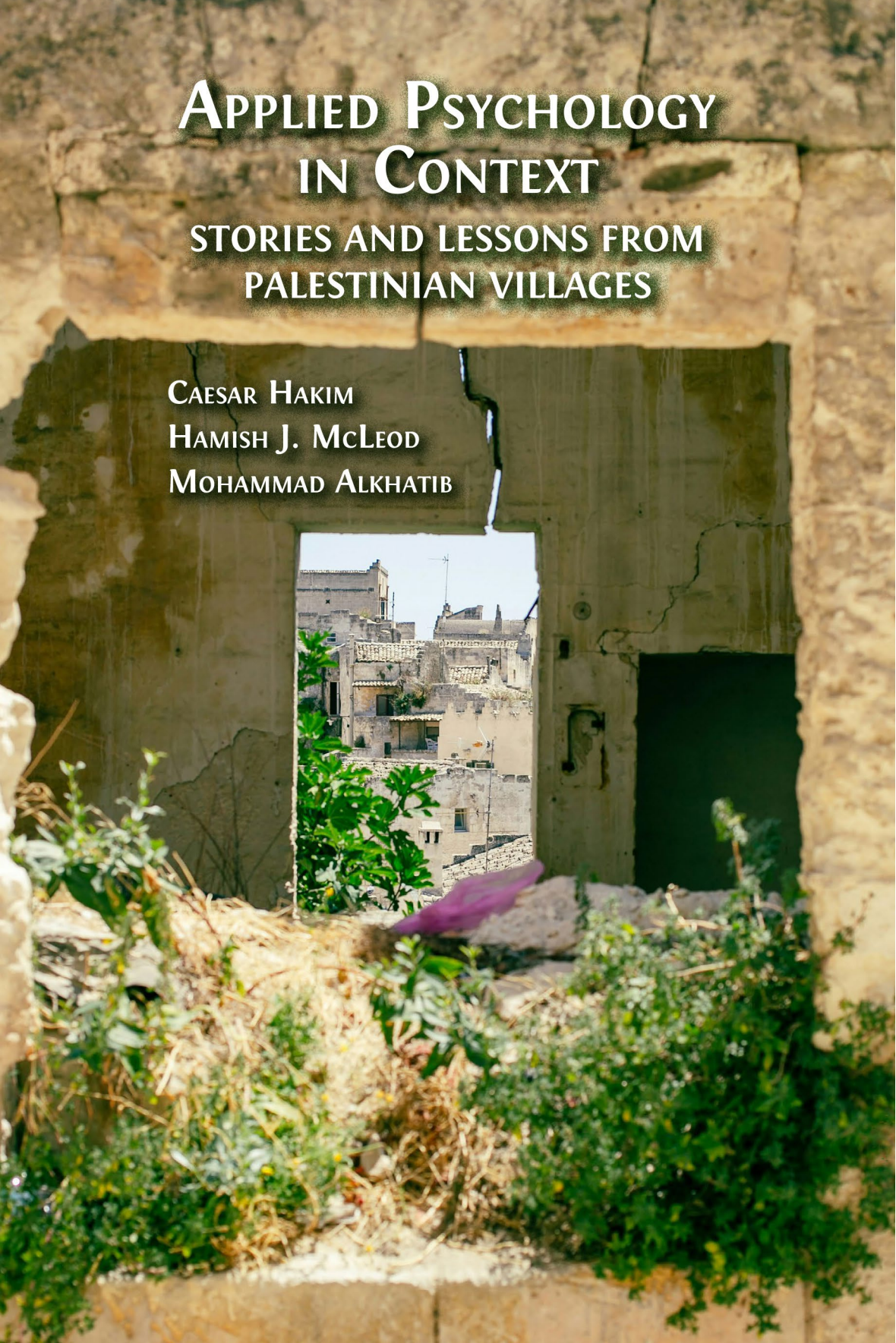
Mohammad Alkhatib



APPLIED PSYCHOLOGY IN CONTEXT

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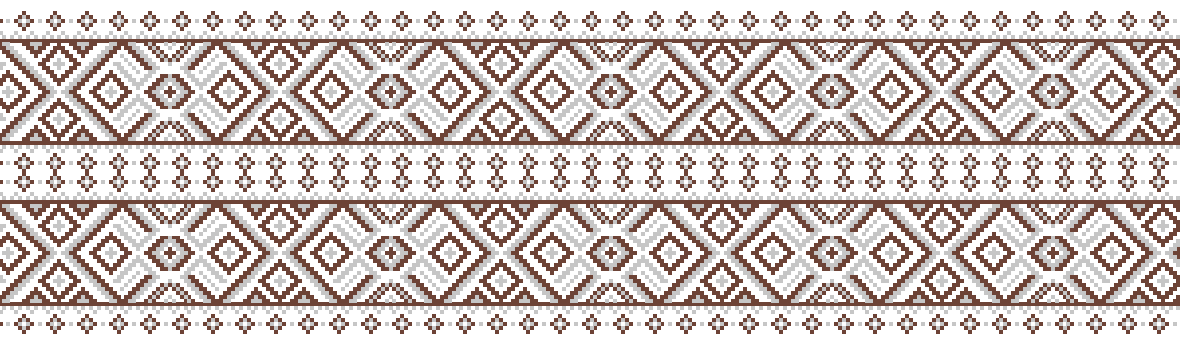

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Foreword
Context, Practice and Formation

Every book invites a particular kind of reading. Some are meant to be followed from beginning to end. Others are consulted when a specific question arises. You may already have your own way of approaching books; picking them up, reading, absorbing information, and then using what you have learned to address the problems you want to solve. However, with a little reflection, it becomes clear that different kinds of books ask to be read differently.

A novel presents a narrative that unfolds as characters are introduced and the plot gradually reveals itself. A cookbook provides recipes that show what ingredients to obtain and how to combine them, and you do not need to read every page to prepare a meal. A technical manual about repairing a car gives detailed "how to" instructions but may not reveal much about the personality of its author. An autobiography, in contrast, centres on the inner life and lived experience of the writer.

This book sits somewhere between these forms. It contains guidance and structured knowledge about psychological work, and it is grows out of lived experience. It brings together practical learning, reflective thinking, and the voices of people who have worked for many years to improve mental health care in Palestine. It brings together structured knowledge and lived experience. It is also an invitation to think in context.

You may notice that this book offers guidance on assessment, intervention, and professional development, while also reflecting the experience of practitioners who have spent many years training and supervising psychologists in Palestine. The authors sought to create the kind of resource they wished had existed when they were supporting others in developing clinical skills, one that connects established best-practice models with the realities of working in contexts under occupation, instability, and collective stress. The chapters that follow aim to prepare practitioners to think carefully, adapt responsibly, and remain ethically rooted when psychological work develops within fragile and complex environments.

Over recent decades there has been increasing recognition that global health discussions must include mental health alongside famine, infectious disease, and injuries from war or natural disasters. In many low- and middle-income countries, levels of psychological need are high while specialist resources remain limited. In places affected by military occupation, displacement, and structural violence, emotional distress is part of into everyday life. The people who wrote this book have worked for many years in this environment, training

and supervising psychologists who provide assessment and care to children and families living under extraordinary stress. The material that follows has grown from that experience, from the challenges encountered, the questions raised, and the need to think deeply about how psychological knowledge travels across contexts.

There are existing resources designed to guide mental health work in settings with limited specialist provision. The World Health Organization's mhGAP programme (https://www.who.int/publications/i/item/9789241549790) and other international guidelines provide structured approaches for identifying and responding to common mental health conditions. These tools are valuable and have supported many practitioners across the world. At the same time, this guidance must remain broad enough to apply across diverse countries and systems. In contexts where instability is prolonged and institutions are fragile, practitioners often find that they must think beyond procedural steps. They must interpret, adapt, and sometimes hold complexity that manuals alone cannot contain. This book grew from the need to remain grounded in evidence while staying responsive to the lived realities of the communities being served.

Helping each other to heal is something human beings have done for generations. It can begin with simple acts: soothing a distressed child, listening carefully to a friend, offering reassurance in a moment of fear. These ordinary forms of care are the foundation of all health work. As difficulties become more complex and persistent, the knowledge and skills required also become more specialized. A child who scrapes their knee can be comforted at home; a child with a severe fracture will need the help of people who have studied and trained for a long time so that they are skilled enough to provide the right treatment. In the same way, mental health practice exists along a continuum of skills and knowledge.

This variation in healthcare skills, knowledge, and experience is sometimes thought of as a hierarchy with a pyramid shape that places a small number of people with advanced skills at the top and those with the more general and easier to acquire skills at the bottom. In this book, we prefer to think of this as a continuum. Each level of skill has value when it is matched carefully to the needs of the person seeking help. Early, thoughtful intervention can prevent difficulties from becoming more complex and persistent. At the same time, more advanced training becomes essential when suffering deepens, or when the context makes recovery more complicated.

This book is positioned within that continuum. It is written for those who are developing their skills in applied psychology and who may be working in instable contexts with everyday structural stress, and limited institutional support. It aims to strengthen foundational clinical thinking, deepen contextual awareness, and encourage reflective practice in situations where standard models do not always fit.

Our aim in writing this book emerged from years of training psychologists and other mental health practitioners working in Palestine. As trainers and supervisors, we often found ourselves reflecting on what kind of resource would have been helpful at the beginning of our own journeys. We wanted a book that would support developing clinicians to think about best practice while staying rooted in the realities of the context in which they work. Many psychological theories and treatment models are presented as if they operate in stable systems with predictable infrastructures. The experience of practicing in environments affected by occupation, displacement, and structural instability requires an additional layer of reflection. This book grew from that experience. It is intended to accompany practitioners as they develop their knowledge, judgment, and capacity to work thoughtfully within complex realities.

As you move through the chapters, you will encounter villages, families, practitioners, and conversations. They reflect lived experience with stories from thier history, experience of displacement, loss, endurance, and ongoing uncertainty. The villages provide a way of entering psychological practice through context, relationship, and reflection. They invite you to pause, to think, and to consider how theory meets reality in contexts where instability is part of daily life.

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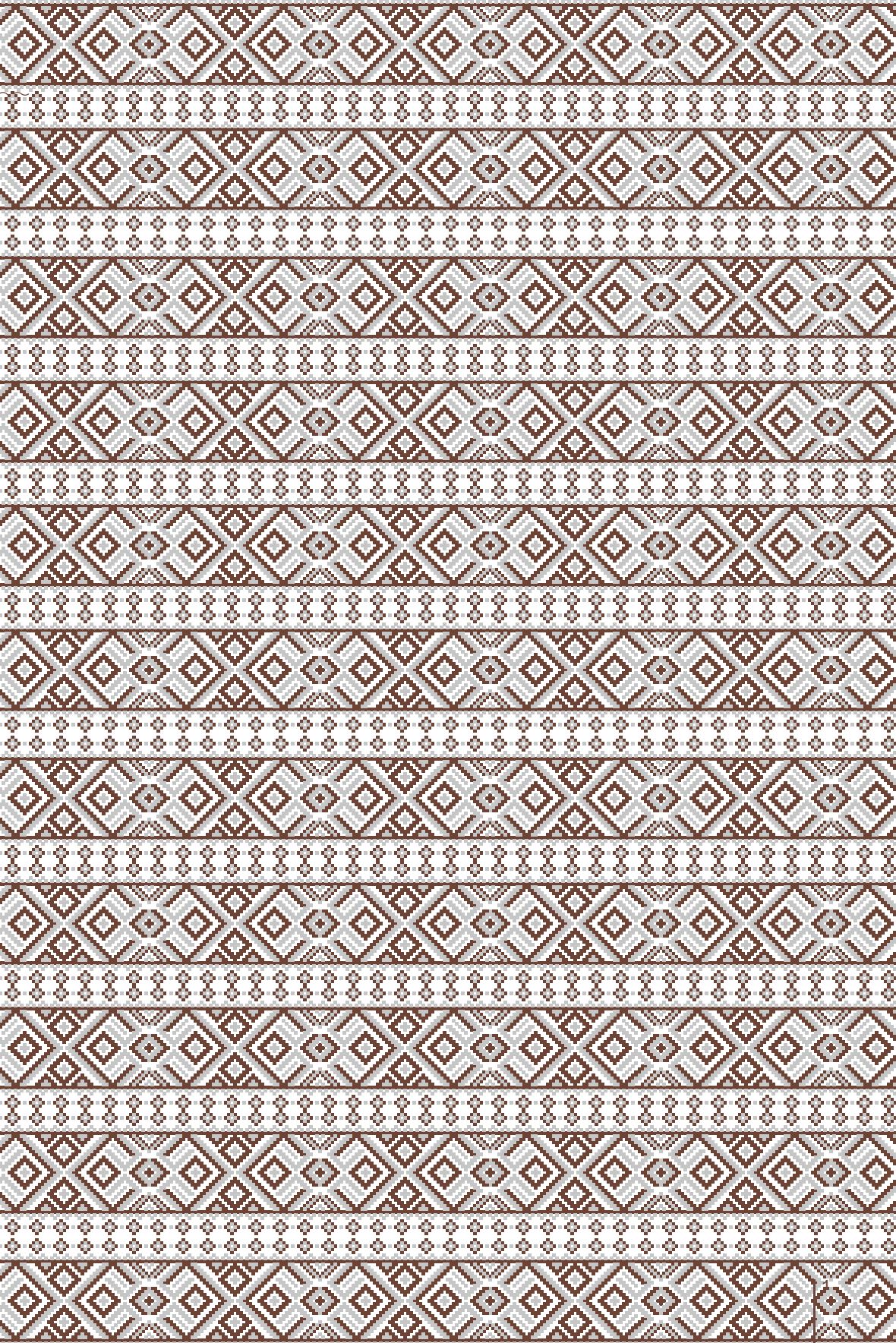

Chapter 1
Understanding the Learner in Context

Concepts and Issues to Consider when Training Psychologists in Resource Constrained Contexts

The chapters that follow exemplify a key principle that guides our approach to applied psychology workforce development. We can summarise this in two words: context matters. If we do not take the time to consider and respond to the contextual factors relevant to people we are working with, we run a very serious risk of being mis-attuned to their needs. This is part of a larger truth recognised across the field of healthcare implementation science—effective knowledge transfer from the evidence base into the hands of the people that need to use that knowledge is crucial to meaningful improvements the treatment provision (Grimshaw et al., 2012). Without careful attention to the context of intervention and the preferred knowledge transfer methods, well-intentioned desires to be helpful can be undermined by a failure to match the needs of the intended beneficiary. This applies to the process of training applied practitioners as much as it does to the work done in clinical and educational settings. People being trained to be applied psychologists will also have individual profiles of strengths and weaknesses that influence the context of training and the kinds of approaches that will produce the best outcomes. This chapter explores some of these wider issues so that learners, educators, and clinical supervisors using this book can begin to think more deeply about how to provide contextually attuned and sensitive support for skill and knowledge development.

There is an extensive literature and guidelines addressing issues such as practitioner licensing, determination of competence, and the importance of life-long learning as part of the attitudes underpinning applied psychology practice (Kim et al., 2022). However, much of this material has been generated by people practising in high income countries and the focus is very often limited to practice settings that are very different to those seen in places like Palestine. For the sake of clarity and focus, the following sections will address some issues that we feel are generalisable and relevant to the support of the profile of learners that we expect will be the main users of this handbook. Three main over-arching themes are addressed. First, we examine issues related to the self-regulation of learning and the way that different cognitive and affective factors may influence learning style and needs of people in training. Secondly, we explore approaches to the evaluation and tracking of competence development. And lastly, we cover some of the issues relevant to

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the management of learner well-being including the need to be sensitive to pre-existing needs (e.g. disability or health conditions) as well as reactions that can result from working in extraordinarily challenging settings (e.g. burnout, vicarious traumatisation).

A final point to re-emphasize here is that one of our core goals is to encourage curiosity and open-mindedness in the people using this handbook as they work on developing their skills as applied psychologists. A good outcome would be for readers to be helped to draw on psychological theory alongside contextual, cultural, and historical factors in order to understand and respond effectively to patient needs. We want to help develop the capacity to learn in an active, reflective, and engaged way rather than through rote learning and a preoccupation with maximising grades and internalising the "right" answers to examination questions.

Understanding Factors that Influence Self-Regulated Learning

The hope for many educators is to help learners become so enthralled with the subject of study that they are inspired to take personal responsibility for engaging with the learning material and pursuing the learning outcomes. A common term used to describe this is self-regulated learning, and we know that factors such as learner's emotions, thoughts, and meta-cognition are all potential sources of variation in learning outcomes and achievement (see (Panadero, 2017) for a review). This does not mean that external/environmental factors are not relevant, but by thinking about the factors within the person that shape their learning experience we can aim to more effectively match the level of demand with supports provided to the profile of learner needs.

Balancing Growth and Well-being

The first point to acknowledge is that the learning process can be a source of stress and threat—particularly where there are high stakes or perceived important consequences of not attaining a learning goal. As learning tasks become more challenging, some learners may experience negative thoughts and feelings that switch their motivational state from one of engagement with learning and growth to a focus on protecting their self-esteem (Panadero, 2017). This perception of threats to well-being can lead to unhelpful coping behaviours such as avoidance and looking for external explanations for the perceived failure. People with perfectionistic tendencies and an approach to learning that is regulated by quantitative indicators of success such as grade scores or number of qualifications attained may find that the "messy" and complex features of aspects of applied psychology work will be hard to tolerate. The educator can take steps to mitigate the impact of these types

of factors on the learner and the learning process. For example, by being clear that experiencing some learning tasks as challenging or difficult is an expected part of mastering more complex applied skills and knowledge. There is a need to achieve a balance between assigning tasks that are too easy, which may induce positive emotions but little growth, and presenting challenges that are too hard and lead to demoralization. The recommended approach is to set learning goals that are too hard to achieve independently but are within reach with the right kinds of support and assistance. This approach harnesses the power of Vygotsky's Zone of Proximal Development (ZPD) that is recognized as a key driver of skill acquisition and development of complex abilities (Wass & Golding, 2014).

Some of the concrete ways in which learners can be supported to work up to and beyond their current levels of ability include first providing worked examples of key skills and knowledge before expecting entirely independent problem solving. The clinical supervision relationship can be an essential tool for meeting this goal by providing a chance for the learner to first observe the teacher and hear an explanation for the choices made (Simpson-Southward et al., 2017). Learning from books and other resources (e.g. YouTube or other online material) can then be augmented by the supervisor and learner discussing how the theory and models of psychology work when applied to real world situations. Encouraging learners to reflect on what they have learned from failures as well as successes can also help to create an environment where there is less risk of secrecy and concealment of gaps in knowledge. This is particularly important in applied settings where the supervisor/educator needs to accurately understand the learner's abilities in order to provide enough support and monitoring to ensure patient safety.

As described above, understanding the learner in context involves the development of a trusting relationship that allows safe exploration of challenges and difficulties as well as the celebration of goals achieved and progress made. For most people, the learning process may be non-linear with periods of struggle and slow progress punctuated by breakthroughs and sudden gains in knowledge and skill. This raises the question of how to measure and track competence development over time while not over-burdening learners with stressful or high stakes examinations. One of the most common approaches is to observe learners in an applied practice setting and the provide a summary rating using measures that specify the range and level of competence required (Fouad et al., 2009; GONSALVEZ et al., 2013; Gonsalvez et al., 2021; GONSALVEZ & Freestone, 2007; Hatcher et al., 2013; Kaslow et al., 2009). However, much of this work on competence evaluation also suffers from a possible bias and lack of contextual relevance because most of the tools and approaches have been

designed for use in high income country settings (Epstein & Hundert, 2002; Kohrt et al., 2020; Rodolfa et al., 2005). The next section explores some of the competence assessment approaches that have been developed with a global mental health perspective in mind.

Evaluating and Tracking Competence

An important trend in health workforce education has been the recognition that rather than using professional credentials and qualifications as the sole mechanism that governs rights to practice, it is more effective to take a competency-based approach that matches the skills and knowledge to the demands of the role (Frenk et al., 2010). Recently, there have been several studies in LMICs where competence-based approaches have been used to specify curricula and the assessment strategies for people training in clinical psychology (Alipanga & Kohrt, 2022) or psychological therapies delivered by non-specialist providers (Elnasseh et al., 2024; Kohrt et al., 2015; Singla et al., 2014, 2017). There has also been recent work on the use of structured observation tools to assess the psychological intervention skills of non-specialist providers working with children and young people in Gaza (Jordans et al., 2021). The World Health Organisation's mhGAP training manuals suggest a multi-modal approach to the assessment of competency and skill development that includes traditional testing of knowledge (e.g. multiple-choice tests) as well as structured observations of skills and abilities through role plays. Other emerging approaches for training non-specialists in mental health and psychosocial support emphasize the use of observational assessment of competence development (e.g. through role play or live interactions with beneficiaries).

Many of these materials and the guidance on how to assess competency development for psychological intervention skills are available online and may be a useful adjunct to the use of this handbook (e.g. see www.equipcompetency.org). However, in keeping with our aim of understanding learners in context, we propose that users of this handbook explore a variety of methods for assessing competence so that the approach used is well suited to the learner(s) and the learning context. As you will see in the subsequent chapters, there are sections where the reader is invited to generate answers to questions or reflections on their own experience and knowledge. These reflections may be done as entirely personal tasks that the learner keeps to themselves. However, we also encourage the sharing of these reflections and ideas either in peer-to-peer learning groups or in a consultation with a more experienced colleague or supervisor. These kinds of activities could also be extended to include live practice role plays of possible responses to the scenarios and issues raised in across the various chapters. With greater experience and familiarity with this

handbook, we suggest that some learners and their supervisors may want to explore structured rating approaches that measure competencies that are best matched to the work setting or the job role. Examples of this approach, such as the online EQUIP resource (Kohrt et al., 2025), provide a good model of how these assessment methods can be delivered and monitored.

Supporting Learner Well-being and Achievement

The last set of issues we want to cover in this guide cover the important factor that all people reading this book bring with them an array of personal experiences (e.g. past trauma) and characteristics (e.g. disabilities) that influence their learning and role performance. In many cases, these factors will influence motivation and commitment to making positive difference but may also need to be considered when identifying learning and support needs. Applied psychologists, like all health workers, are not separate from the societies and contexts in which they live—they may be exposed to many of the same traumas, pressures, adversity, and challenges that affect the people they see in their work. Similarly, people working in applied psychology settings may have disabilities (e.g. physical, sensory, or cognitive problems), pre-existing mental health problems, and adverse life circumstances that all impact them both personally and in their professional role. We encourage all people embarking on a career in applied psychology to also develop the self-care and self-awareness skills needed to practice safely and effectively. The following points may help with this process.

Pre-Existing Conditions

Pre-existing disabilities and/or mental health conditions are common in many occupational settings and they do not need to present a barrier to becoming an effective applied practitioner. However, it may be necessary to make some adaptations and adjustments to the training process to ensure that there is a fair opportunity to acquire and demonstrate the skills and competencies. In many instances the person with the condition will be able to advocate for their own needs and they may know what works for them based on their past experiences. But for others it may be that the new demands of applied psychology practice present new challenges that do not respond to the strategies that worked in the past. To protect the well-being of the learner and to ensure that they can practice safely and effectively, it may be necessary to involve independent disability or health experts who can advise on the relevant adaptations and coping strategies that could be put in place to create a fair and supportive learning environment. It can be a complex process to make adaptations that ensure a fair opportunity for learning while also

maintaining the competence standards required for patient safety and quality care. However, there are substantial benefits of developing a diverse workforce and so our recommendation is that people using this book to help support worker training should proactively address issues of inclusion and disability support in the design of learning plans.

Dealing with New and Emergent Threats to Well-being

The nature of applied psychology practice is that there is increased exposure to highly distressing material such as the descriptions of traumatic experiences of patients. It can also be stressful to hold responsibility for managing risk and supporting people in acute distress, including suicidal crises. And, of course, applied psychology practitioners are not immune from exposure to life stress, trauma, illness, loss, and the full range of pain that can affect humans. Although there will be individual variations in the factors that influence coping with adversity, there are some findings from research studies that readers of this book may find helpful to keep in mind to effectively maintain their well-being and health (see examples in Norcross, 2000 and Zahniser et al., 2017). One overarching principle is that the learning environment should include a supportive element that provides a non-threatening space for safely raising and discussing difficulties and issues that arise during training and practice. Clinical supervision is one commonly used mechanism to meet this need, but if that option is unavailable, peer-to-peer support can serve a similar function. It is also advisable to ensure that those who are starting out in their development of applied psychology skills have enough space and time to process the information and reactions that emerge during practice. Very inexperienced learners will typically need much higher levels of supervisory and supportive input during the early phase of applied practice. With time and feedback, practitioners should become better able to monitor their emotional reactions, stress levels, changes in empathy, and fluctuations in role engagement. These self-monitoring skills are an important aspect of self-regulation of fitness to practise and can be used to trigger help-seeking and supportive input when there is a deterioration in health or well-being.

Self-Care and Protective Factors

Unfortunately, burnout is common in healthcare workers generally and the rates in healthcare workers across the Arab world are similar to those seen in other countries (Elbaraẓi et al., 2017). So, we wanted to close this chapter with a brief summary of findings about how to enhance self-care and gain some protection from the stress and traumatic reactions that can emerge in applied practice. One key message is that burnout and job strain are not inevitable consequences of providing healthcare and aid in humanitarian crisis or conflict

settings. Evidence from foreign humanitarian aid workers suggests that negative reactions following exposure to adversity can be regulated through behavioural, cognitive, and motivational mechanisms (Jong et al., 2022). One influential part of this is a Sense of Coherence—the degree to which a person has a stable sense of confidence that their internal and external environments can be predicted and that by understanding stressors and willingly taking action to manage those stressors, the person will cope. The opposite of this pattern is marked by denial, avoidance, and catastrophic under-confidence in ones ability to respond to stress. The ability to find ways of coping in extraordinarily difficult circumstances is one of the remarkable features of human resilience and it is a capacity that can be modelled and learned over time with support and encouragement. As will be discussed later in this book, helping applied psychologists to see both the good and bad in the world is one of the ways that meaning and purpose can be regained even when facing horrific and seemingly insurmountable challenges. This is one of the ways that applied practitioners can continue to find the motivation and meaning necessary to do what can be extraordinarily challenging work. Similar to the findings regarding international aid workers, there is evidence that coping in Palestinian health workers who are exposed to extensive traumatic events is also mediated by a sense of coherence and this can reduce adverse emotional reactions and psychological collapse (Veronese et al., 2020; Veronese & Pepe, 2014). Early phase survey research with healthcare workers in Gaza also indicates that specific sources of meaning and purpose such as spirituality and religious faith can also buffer against the effects of trauma exposure and can reduce distress and burnout (Veronese & Pepe, 2022).

As a final point, there is good evidence that the well-being and coping strategies that work for patients can also be effective for the practitioners (Campoli & Cummings, 2024; Shapiro et al., 2007). This need to develop self-care competencies may be particularly important for novice trainees as they may be at elevated risk of distress and burnout compared to more experienced colleagues (Simionato & Simpson, 2018). This is one of the reasons that most applied psychology training programmes in high income countries typically include mandatory elements that address issues of self-care, the management of burnout risk, and emotional strain (Callan et al., 2021). The types of approaches advocated include the use of personal therapy, self-administered psychological skills (e.g. mindfulness training), and engagement with reflective practice groups and peer support. The resources needed to provide this kind of formal training and support may not be as easily accessed in Palestine but it is possible to underpin formal learning and skill development work with an open and normalizing approach to the importance of making time for self-care.

Chapter 2
Names of the Book Villages

In our cultural tradition, the naming of villages carries profound significance, often reflecting essential elements of life and aspirations for the community. Palestinians historically chose names for their villages based on deeply-rooted cultural symbols, geographical features, historical events, or notable individuals. For the purpose of this book, the names of the villages were created by the authors but inspired by real village names, reflecting how our communities might typically choose names for their villages. Each village name in this book was carefully chosen to embody these values and symbols.

For example, "Beir Naseem" was named to capture vital aspects of life and renewal. The term "Beir," meaning "well," symbolizes the fundamental importance of water as a source of life, while "Naseem," representing a gentle breeze, signifies new beginnings.

Similarly, the village of "Umm Adeeb" derives its name from the Arabic word "Adeeb," meaning polite or cultured. The choice of calling the village "The mother of Adeeb" reflects the nurturing and ethical approach inherent in the relationship between mother and child, essential for the development of character and mutual respect within the community.

Likewise, "Beit Baseera" signifies "the house of insight" in Arabic. This name underscores the importance of psychological insight and knowledge in diagnosis and therapy, emphasizing the therapist's ability to derive understanding and wisdom from their cognitive abilities.

The village of Ayn al-Rumman

The word "Ayn" is derived from Arabic, meaning a spring or source of water, symbolizing life and renewal. "al-Rumman" in Arabic means pomegranates, a fruit often associated with abundance and prosperity.

Why was the village named Ayn al-Rumman?

The name Ayn al-Rumman was chosen because it represents a symbol deeply rooted in our culture and traditions, symbolizing the vitality and richness of our Palestinian heritage. The spring, as a source of life, coupled with the pomegranate, which embodies fertility and wealth, together reflect the community's strength and capacity to thrive even in difficult circumstances.

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The pomegranate tree, with its deep roots and abundant fruit, reflects our collective memory and serves as a metaphorical journey into understanding our shared strengths and vulnerabilities. These reflections are fundamental for both professional and personal development, particularly for therapists who seek to offer more profound and effective psychological support.

The village of Deir Talal

The name "Deir Talal" is rich with historical and cultural significance. "Deir" in Arabic means "convent," reflecting the village's origins around an ancient convent perched on the mountain. "Talal" refers to the name of the first inhabitant who lived beside the convent and worked there. Therefore, "Deir Talal" can be understood as "The Convent of Talal."

Why was the village named Deir Talal?

The village of Deir Talal stands as a testament to its deep-rooted history, where the old convent, once central to the community, now serves as a psychological centre and houses other essential city council services. The village's position on the mountain offers sweeping views, symbolizing the broad perspective needed in psychological assessment. The convent, a place of reflection and service, mirrors the therapeutic process that takes place within its walls today—where individuals can retreat, reflect, and find guidance. Just as Talal once served the convent, the psychological centre now serves the community, helping residents explore their thoughts and emotions, and providing the tools they need to understand their situations and grow.

The village of Beit Baseera

The translation for "Beit Baseera," originally in Arabic, into English would be "the house of insight."

Why was the village named Beit Baseera?

The village was named Beit Baseera because the diagnostic process originates from the insight and knowledge of the specialist, and their ability to organize, derive, and extract this knowledge from their "house," which is the specialist's mind and memory. This naming originates from the essence of the diagnostician's mind, encompassing their insight, knowledge, and experience.

The village of Umm Adeeb

The translation of "Umm Adeeb" would be "Mother of Adeeb," with "Adeeb" being an original Arabic name meaning "polite" or "cultured."

Why was the village named Umm Adeeb?

In the village of Umm Adeeb, the therapeutic relationship mirrors the mother-child bond, which is highlighted in psychology. The name "Adeeb" signifies an empathetic and ethical approach in this relationship, where care and nurturing between the mother and child are deeply established. This approach is demonstrated through a profound understanding of the child's needs and feelings, and interacting with them sensitively and distinctively, contributing to the child's character development and fostering a relationship of trust and respect between them and their parents. Furthermore, the ethical approach to dealing with the child promotes the learning of true values, self-acceptance, and empathy, thereby contributing to the development of a tolerant and interconnected society.

The village of Beir Naseem

The translation of "Beir Naseem" would then be "Naseem's Well." "Beir" refers to a well as a source of water, while "Naseem" is an Arabic name meaning "breeze" or "gentle wind."

Why was the village named Beir Naseem?

After the war, the village needed sources of life and renewal. The choice of the name "Beir Naseem" embodies this ambition, where "Beir" means "well" and symbolizes water, the primary source of life, and the name "Naseem" represents the air, a source of refreshment and new beginnings. This selection reflects the desire to renew life and resilience in the face of challenges, as if we, as psychologists and medical teams, are breathing new life into the village once again.

Moving Through the Villages

Imagine yourself sitting in a wooden cart, the wheels creaking softly as it rolls over the dirt paths that connect one station to the next. Each village you visit is filled with life, and within these villages are key places (stations) where you stop, step down from the cart, and engage with the heart of the learning process.

The Stations

Each station is a small world of its own. As the cart moves slowly through the village, you pass by homes, shops, and fields. At each station, you pause to learn something new. By visiting these stations, you can observe how psychology comes alive in the stories and traditions of the villagers.

The Purpose

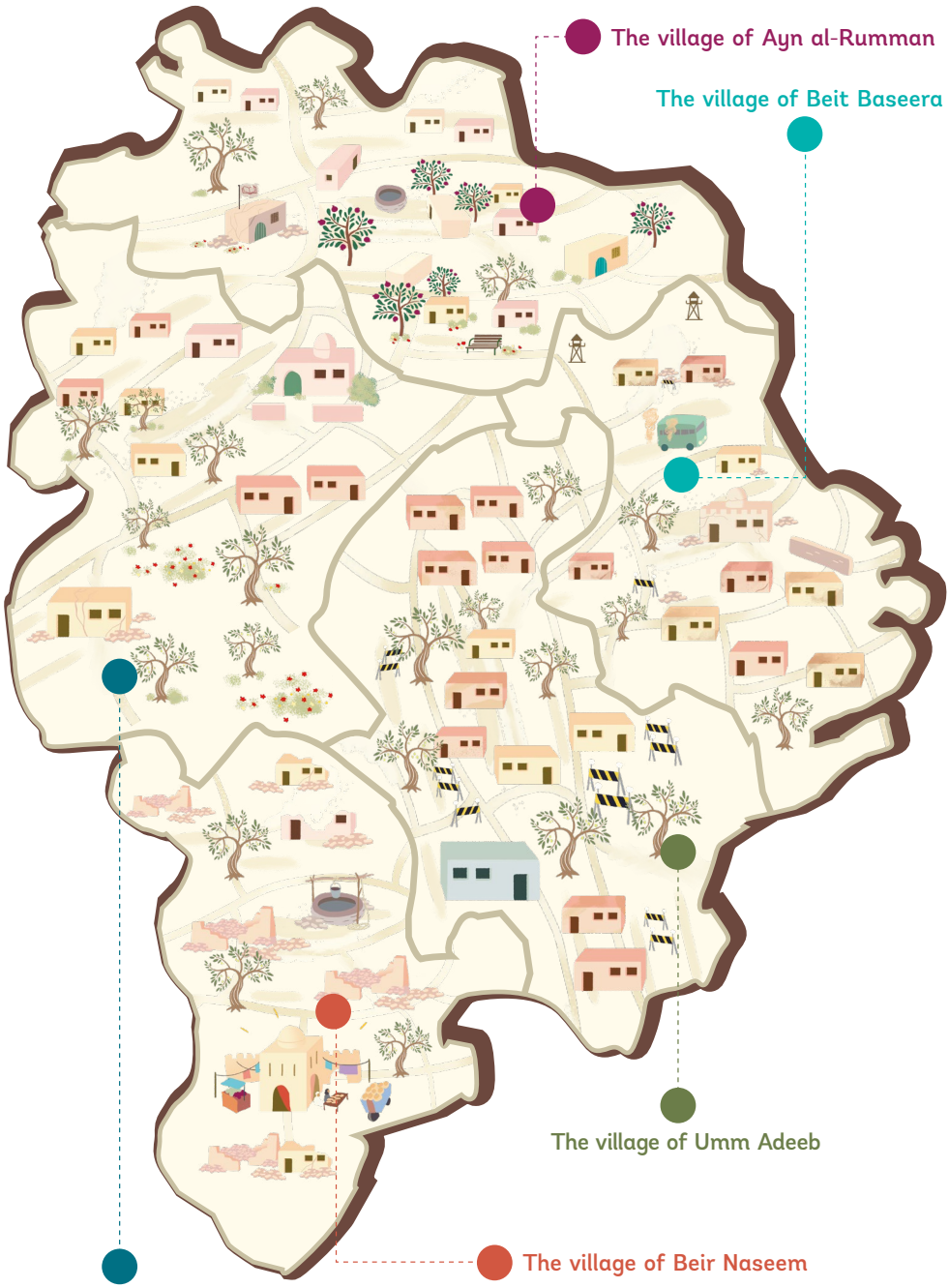
Stations are strategically positioned across the village, each presenting a unique perspective or challenge. Readers have the opportunity to interact with psychological theories and methodologies as they are applied in practice. The cart's movement between stations ties together the lessons you are learning. Each stop adds another layer of understanding, with each encounter building on the last, creating a steady progression of insight.

The Journey and the Deeper Meaning

The cart's movement mirrors the learner's own growth. The people in these villages often find themselves trapped; stuck in cycles of trauma and oppression. Trauma can lead to a state of being frozen, where moving forward seems impossible.

However, therapy offers a path to break through that "stuckness." It's about regaining freedom, embracing fluidity, and rediscovering the ability to move through life. The slow movement of the cart symbolises the journey of healing, showing that although progress can be slow, it is always within reach. Each station teaches us that mental health is about reconnecting with a sense of playfulness, finding new paths, and embracing a renewed sense of possibility.

The five villages include:


The village of Ayn al-Rumman
The village of Beit Baseera
The village of Umm Adeeb
The village of Beir Naseem
The village of Deir Talal

Chapter 3

The Village Ayn al-Rumman

Psychologists' Role Within Communities

Why was the village named Ayn al-Rumman?

The word "Ayn" is derived from Arabic, meaning a spring or source of water, symbolizing life and renewal. "al-Rumman" in Arabic means pomegranates, a fruit often associated with abundance and prosperity.

The name Ayn al-Rumman was chosen because it represents a symbol deeply rooted in our culture and traditions, symbolizing the vitality and richness of our Palestinian heritage. The spring, as a source of life, coupled with the pomegranate, which embodies fertility and wealth, together reflect the community's strength and capacity to thrive even in difficult circumstances.

The pomegranate tree, with its deep roots and abundant fruit, reflects our collective memory and serves as a metaphorical journey into understanding our shared strengths and vulnerabilities. These reflections are fundamental for both professional and personal development, particularly for therapists who seek to offer more profound and effective psychological support.

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Introduction

In the heart of the village of Ayn al-Rumman, located among green mountains and ancient pomegranate orchards, lies a story of strength, community, and the unique challenges faced by psychologists living under oppression and occupation. This chapter follows Sami, a newly appointed psychologist, and Maya, a seasoned teacher, as they find themselves on a profound journey through the village. Here, amidst the remnants of history and the vibrancy of daily life, they uncover the deeply human skills needed to heal and support a community living under continuous strain.

Ayn al-Rumman, named after the flourishing pomegranate trees near its natural springs, is a place where history, shared struggles, and strong bonds come together. The pomegranate, a symbol of life, fertility, and renewal, reflects the enduring spirit and the unwavering strength of the people who call this village home.

As Sami and Maya walk through the village, they realize that being a psychologist here is nothing like the traditional Western practice. It demands an open mind, a flexible approach, and a deep understanding of the community's cultural and emotional fabric.

This chapter explores the heart of psychological work in Ayn al-Rumman, revealing how the past continues to shape the present, how trauma is ever-present, and how the community's strength and identity are crucial to its survival. Through personal stories and meaningful encounters, Sami and Maya learn to weave mental health care into every aspect of their work, appreciate the unspoken wisdom of the community, and help nurture a sense of self-worth and belonging.

This captivating exploration of Ayn al-Rumman dissolves the lines between the professional and the personal, turning healing into a shared and profoundly human experience.

The First Station: Expedition to the Camp

During a holiday break, Sami, the newly appointed psychologist at the village school in Ayn al-Rumman, set out to explore the area on foot. Maya, a seasoned teacher who had spent many years in the community, joined him. Together, they wandered through the green mountains, where pomegranate trees grew alongside pines, olives, and oaks. The sunlight filtered through the branches like golden threads, and the scent of fresh grass and rich earth filled the air as they made their way along the winding paths.

Maya had promised Sami a tour of the village, and their first stop was an area called "the Camp," where families from neighbouring villages had settled many years ago. These families had become part of the Ayn al-Rumman community, yet they held onto their own histories and experiences. Despite their different pasts, students from the Camp and the village attended the same school, sharing the present together.

As they walked, Sami noticed the blend of old and new buildings, signs of life and determination. The area buzzed with activity: children playing, and adults going about their daily tasks. He observed inscriptions and murals on the walls, echoes of a rich cultural heritage and stories of displacement.

They stopped near a small community centre where a few children were busy drawing and painting. Maya explained, *"This centre means so much to the kids from the Camp. It's a place where they can express themselves and share their stories."*

Sami listened closely, feeling a mix of curiosity and empathy. He couldn't help but think about the lives of these children, their stories now woven into the larger narrative of Ayn al-Rumman. *"What challenges do these children face?"* he asked.

Maya let out a sigh. *"Many of them have been through trauma and loss. They carry the weight of their families' pasts while trying to find their way in a new world. To really help them, we have to understand where they come from."*

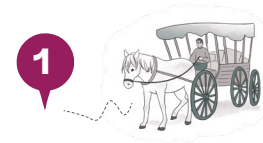
As they continued their walk, Sami found himself thinking about his role as a psychologist. *"How can I help them connect their past with their present and support them in a way that encourages healing and growth?"* he wondered aloud.

Maya smiled. *"It begins with listening and understanding. We need to hear their stories, feel their experiences, and create spaces where they feel safe to express themselves."*

They walked on until they reached a crossroads. One path led further into the Camp, alive with the energy of its residents, while the other led back to the village centre, where the rhythm of daily life carried on.

Sami felt torn between exploring more of the Camp to understand its history or heading to the village centre to connect with the wider community. *"Sometimes, we have to immerse ourselves in the past to really understand the present,"* Maya said.

Sami nodded. *"Let's keep going through the Camp. There's still more for us to learn here."*



As they continued walking, Sami recalled the stories his own family had shared with him about their experiences during difficult times. Stories filled with fear, anxiety, and determination. These memories strengthened his commitment to helping the children of Ayn al-Rumman.

Reflection and Skill Development

At this first stop, Sami realized how essential it was to understand the historical and emotional context of the students he wanted to help. For psychologists working in areas under occupation and oppression, three key principles stood out:

1. Context Sensitivity: It's vital to respect and grasp the culture, history, and unique struggles of the community. Sami reflected on what this meant for him, being part of the same culture. He understood that being sensitive to the context required acknowledging the specific experiences and ongoing challenges faced by the people of Ayn al-Rumman.

2. Empathy and Compassion: Empathy attunes us to the child's state; compassion steadies us to act on their behalf.

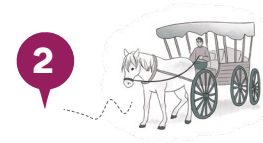
3. Understanding the Present-Past Connection: For these children, the past continues to shape their present lives through ongoing conflicts and traumas. Recognizing this connection is crucial for addressing their mental health and well-being today.

The Second Station: Self- and Other-Consciousness

As Sami and Maya continued their walk through Ayn al-Rumman, they reached a peaceful spot near a grove of ancient pomegranates trees. The shade offered a cool break from the sun, so they decided to sit and talk for a while.

Sami, I noticed you seemed a bit uneasy when we were at the Camp. What was on your mind?

I had a lot of emotions swirling around. I want to help the children, but sometimes I'm not sure how to handle their complex needs. It's tough to find the right words, especially when their questions touch on such deep and painful experiences.



That's completely normal. A big part of what we do is recognizing our own feelings and reactions. Being aware of how we're feeling helps us understand how our emotions can influence our interactions with others.

I guess I'm worried that not having the right answers might make me seem unprepared, like I'm not enough for them. How do I deal with that?

It's about accepting that we don't have all the answers—and that's okay. When we can be at peace with that, it lets us be more genuine with the children. They don't always need answers; they just need to know they're being heard and understood.

That makes sense, but it's still tough to accept sometimes.

I get it. We all feel uneasy when we face uncertainty or when we think we should have the answers but don't. It's natural to want to know everything, but what really matters is being present and supportive.

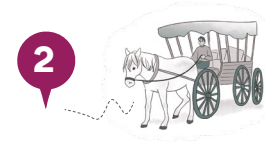
So, it's okay to admit that I don't have all the answers?

Absolutely. It shows humility and openness. Plus, it teaches the kids that it's okay not to have everything figured out, which is a powerful lesson in itself.

I see. How do our customs and traditions fit into this? Do they make it harder for us to think freely?

Our customs and traditions are both a strength and a challenge. They shape the way we think, but sometimes they can make us more rigid in our thinking. The key is to respect our culture while staying open to new perspectives.

What about the impact of the past on the present? How do we help children who are still dealing with difficult experiences?



We need to help them see that their feelings are valid and that it's okay to be affected by what they've been through. Creating a space where they can express themselves without fear of judgment is crucial. Encouraging open dialogue and reflection helps them process their experiences.

What can I do to get better at this?

Focus on self-awareness and empathy. Practice active listening and think about your own emotions and reactions. Remember, just being there and showing that you care can make a bigger difference than having all the answers.

That's a good point, Maya. And hey, remember, you don't have to have all the answers for yourself either. We're in this together, and we can help each other grow.

Thank you, Sami. It's nice to be reminded that we're not alone on this journey.

Reflection and Skill Development

At this second stop, both Sami and Maya reflected on the importance of being aware of themselves and others. For psychologists and educators working in challenging environments, a few key principles stood out:

1. **Self-Awareness**: It's important to recognize and understand your own emotions and how they affect your interactions with others. Accepting that you don't have all the answers is a crucial step toward being fully present.

2. **Empathy**: Cultivate a deep sense of empathy for the children's experiences. This means really listening to their stories and letting them know that their feelings are valid.

3. **Cultural Awareness**: Respect the cultural traditions that shape people's thinking and behaviour, but also encourage open-mindedness and flexibility in your approach.

The Third Station: Free-Thinking

After their conversation by the pomegranate grove, Sami and Maya continued their walk through the village. They decided to explore an area known for its history and the stories it held. As they walked, they came across a quiet part of the village where an old, abandoned school stood. Wildflowers and tall grass surrounded the building, giving it an almost mystical feel.

Sami: *"This place seems full of memories. I wonder what it was like when it was filled with students."*

Maya: *"It used to be a lively place, full of learning and growth. But times have changed, and now it stands as a reminder of what once was. It's important to remember that everything we've experienced—our culture, relationships, and the challenges we've faced—shapes how we deal with life's difficulties."*

Sami: *"Our minds are made up of those experiences, aren't they? The things we've learned along the way become the framework for how we think, how we interact with others, and how we handle problems and emotions."*

Maya: *"Exactly. But if we're not careful, this knowledge can turn into rigid moulds that keep us from thinking differently. We call this cognitive rigidity. It can stop us from thinking freely, creatively, or even constructively."*

Sami: *"I see how that happens. But how do we help ourselves and the children we work with to think more freely?"*

Maya: *"It starts with encouraging curiosity and allowing space for questions. Think back to times when something sparked your curiosity and made you want to learn more, but then you hit a wall: maybe from traditional expectations or fear of judgment."*

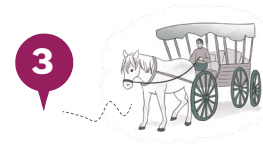
Sami: *"I've definitely felt that. I wanted to explore new ideas, but sometimes I felt held back by the pressure to follow tradition and avoid criticism. How do you think our customs and traditions affect our ability to think freely?"*

Maya: *"Our traditions, while important, can sometimes confine our thinking. They push us to follow established norms, which can keep us from exploring new perspectives. But at the same time, traditions can bring us together. There's this idea that sameness makes us stronger, united as one, and that's powerful too. But we need to find a balance, allowing for both otherness and sameness to coexist."*

Sami: *"So, we can embrace our shared identity while also making room for individuality and free thought?"*

Maya: *"Exactly. We're unique because we're both different and alike. Sometimes traditions can make it hard to see that balance and we have to be careful, especially in times of trauma or when under pressure, because what we think of as culture might actually be behaviours shaped by stress and hardship. Sometimes, we start treating each other in ways informed by pain, and we mistake it for our culture."*

Sami: *"That's a profound thought. So how do we break free from those constraints?"*



Maya: *"One powerful way is through active listening. It might sound simple, but really listening to someone can open the door to new ideas and perspectives. When you're fully present and listening, you're engaging with the other person's experience. This helps break down rigid ways of thinking and encourages both empathy and creativity."*

Sami: *"That makes sense. When you really listen to someone, it can challenge your own assumptions and help you see things from a different angle."*

Maya: *"Exactly. Active listening builds trust, too, which is essential when working with people who have been through difficult experiences. Sometimes, people don't need answers right away; they need to feel heard. By listening, we create a space where they can express themselves and start to heal."*

Sami: *"I can see how that would make a big difference. What other skills can help us foster free thinking?"*

Maya: *"There are many skills that help, but active listening stands out because it's the foundation for everything else. It opens the door to empathy, understanding, and flexibility. Once you start truly listening, you're better equipped to encourage creativity and help others and yourself think more freely."*

Ultimately, Sami and Maya came to understand that free thinking is creating a culture of openness, balance, and empathy, where both tradition and innovation can coexist, and where individuals can embrace their unique perspectives while remaining connected to the shared human experience.

Importantly, this kind of free thinking is a dynamic skill that can be cultivated and refined over time. Through continuous engagement in open, flexible interactions with others, particularly with those we aim to benefit, we can develop and deepen our capacity for free thought. This ongoing process encourages us to challenge our preconceptions and expand our understanding, enabling a more profound connection to the diverse world around us.

Reflection and Skill Development

At this third stop, Sami and Maya delved into the idea of free thinking and what it truly means for those working in challenging environments. They realized that for psychologists and educators, fostering free thinking requires a multifaceted approach:

1. Encouraging Curiosity: Creating an environment where asking questions is welcomed helps to spark discovery and growth. Curiosity leads to exploration and learning, paving the way for new ideas and possibilities.

2. Challenging Rigid Thinking: Cultural norms and personal fears often create rigid thinking patterns that limit creativity and problem-solving. Recognizing these patterns is the first step, but actively breaking through them is essential for allowing new perspectives and innovative ideas to emerge. While tradition provides structure and a sense of belonging, it can also become a barrier if followed without question. Free thinking involves balancing respect for the past with openness to new ideas.

3. Active Listening: Truly listening to others help you understand their perspectives. Active listening broadens your own thinking, builds deeper connections, and creates space for dialogue that challenges old assumptions. Engaging with others in this way enables empathy and opens the door to creative, flexible thinking.

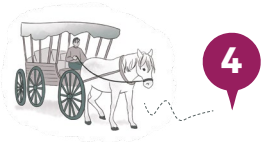
4. Flexibility and Adaptability: Free thinking requires being flexible in your approach. The ability to adjust to new information, changing circumstances, or different viewpoints is key to encourage a mindset that embraces growth and creativity.

5. Creating Safe Spaces: For free thinking to truly thrive, it's important to create safe spaces where individuals feel comfortable expressing themselves without fear of judgment. In environments shaped by trauma, trust and security need to be established for open dialogue to occur.

The Fourth Station: Reflective Practice

As Sami and Maya continued their walk, they came across a small natural spring, surrounded by thick greenery. The water was calm, reflecting the sky and the trees, creating a serene moment that invited deep reflection.

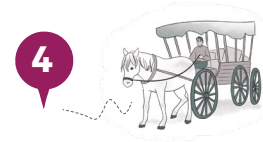
This place always makes me think about how important reflection is in our work. Everything we've been through—our experiences, and our culture, our relationships, all of it—shapes the way we face challenges. But sometimes, I wonder... what if what we think of as culture is really just trauma, dressed up as tradition?



That's a difficult thought, but I see what you mean. Our thoughts and actions are so deeply shaped by our experiences. If we're not mindful, what we think of as cultural norms can actually be the scars of trauma. It becomes this rigid way of living that we mistake for who we are, when in fact, it's the result of suffering we've never really dealt with.

Yes. We end up clinging to those rigid ways of thinking because they feel familiar, like something to hold onto in times of uncertainty. But that's cognitive rigidity at work. Trauma confuses us, making us think that these patterns, this false sense of unity, are keeping us together, when really, they're keeping us apart.

It's like we're trapped in this split between 'us' and 'them,' even within our own community. We act like we're united, but underneath, we're divided. Trauma has a way of creating false unity, where everyone tries to look the same on the surface, but deep down, there's a disconnect.

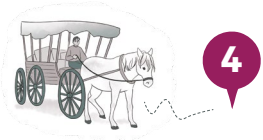


Exactly. And because of that disconnect, we start looking for differences, picking apart the small things that make us feel separate. You see it in families, at work, in the way people interact. We think we're seeking unity, but really, we're just amplifying our differences. The trauma makes us crave a sense of belonging, so we create these false, shallow connections that never really go deep enough to heal anything.

And the worst part is that we start practising this split on ourselves, in our own communities. The trauma gets internalized, and we end up reenacting the same divisions that were forced on us. We perpetuate the cycle of 'us versus them', even when there's no real enemy, just shadows of our own fears.

It's a hard cycle to break. Reflective practice helps, though. It allows us to question our assumptions and see where these behaviours are coming from. Sometimes, what we think is culture is just a defense mechanism that's been passed down, a way to cope with all the unhealed pain.

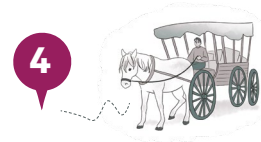
So reflective practice means digging deeper, challenging the narratives we've built around our trauma. It's about being conscious of our thoughts, emotions, and behaviours, and understanding how they're affecting the way we relate to each other.



Right. Reflective practice helps us look inward and ask the tough questions. Why do we cling to certain ideas? Why do we react the way we do? It's about breaking free from the patterns we've been trapped in for so long. And it's about us as individuals as well as it's about the whole community. If we can start to heal ourselves, maybe we can begin to heal the things that divide us as well.

But that healing has to start with awareness, doesn't it? We need to recognize that some of what we're holding onto isn't really culture at all; it's trauma. Once we see that, we can begin to challenge it. Reflective practice helps us reconnect with those parts of ourselves that are truly ours, not just inherited scars.

Exactly. Once we start challenging those false ideas of unity, we can make space for real connection. We can allow ourselves to be different, to explore new ways of thinking, without fear of losing who we are. Active listening and empathy are key to that. When we truly listen to others, we open ourselves to new ideas and perspectives. That's what helps us move beyond the false unity trauma creates and toward something more genuine.



It's a long road, but it's one we need to take. Reflective practice, active listening, questioning the status quo: these are all steps toward breaking free from the constraints of trauma disguised as culture. And in the process, we can start building something real, something that actually heals us instead of keeping us locked in the same old patterns.

Reflection and Skill Development

In this fourth station, Sami and Maya delved into the transformative power of reflective practice. For psychologists and educators working in environments shaped by trauma, it is essential to practise:

1. Reflective Thinking: Engage regularly in reflective thinking to dig deeper into your assumptions and recognize how trauma can masquerade as culture. By questioning these ingrained beliefs, you create space for new perspectives and healing.

2. Self-Awareness: Be mindful of your own thoughts, emotions, and behaviours, and how they're shaped by both personal experiences and the collective trauma of your community. Understanding how these factors influence your interactions with others is key to breaking free from rigid, limiting patterns.

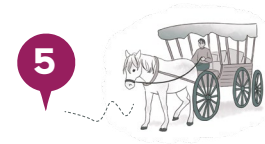
3. Openness to Feedback: Embrace feedback from others, not as criticism but as an opportunity for growth. Feedback can help you see blind spots and challenge the false unity that trauma can create in your life and work.

4. Active Listening: Truly engage in active listening to understand the perspectives and experiences of others. This deep listening helps break down divisions and false perceptions, expanding your own thinking and building real connections.

5. Encourage Critical Thinking: Cultivate an environment where questioning and curiosity are valued, whether in the classroom or in professional practice. By encouraging critical thinking, you empower others to challenge the narratives shaped by trauma and move toward more authentic ways of understanding themselves and their world.

The Fifth Station: Active Listening

As the sun began to set, Sami and Maya made their way back toward the village centre. They walked along narrow paths lined with ancient stone walls. The evening quiet was occasionally interrupted by the distant sounds of children playing and families preparing for dinner. Finding a bench in a small, lively square, they sat down to rest.



Sami: *"Maya, during our walk today, it really hit me how crucial it is to truly listen to the children and the community, hearing and understanding what they're feeling and going through."*

Maya: *"That's right. Active listening is so much more than just a passive skill; it's a way of showing empathy and building trust. It's especially important here, where the past and present are so deeply connected."*

Sami: *"I've noticed that when children ask tough questions about their experiences or what's happened around them, adults sometimes avoid the conversation or give shallow answers. It's like they're too scared to face the intensity of the children's emotions."*

Maya: *"Yes, many of us carry our own fears, and it can be hard to confront them. But when we avoid those conversations, we lose the chance to help children make sense of their feelings and experiences."*

Sami: *"I remember a student once asked me why their family had to leave their home, and I struggled to find the right words. I ended up giving a vague answer, and now I see that I missed an opportunity to really listen and help them process what they were going through."*

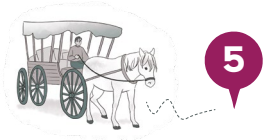
Maya: *"That happens to all of us. What's important is creating a space where children feel safe to express themselves and know their feelings matter. It takes patience and the willingness to listen without jumping to conclusions."*

Sami: *"I get that, but how do we get better at this, I mean, at really listening?"*

Maya: *"It starts with being fully present. Give the person your full attention, maintain eye contact, and resist the urge to interrupt. Reflect back what you hear to make sure you understand. If a child says they're scared, for example, you could respond with something like, 'It sounds like you're feeling really frightened. Can you tell me more about what's making you feel this way?'"*

Sami: *"So it's about acknowledging their emotions and encouraging them to open up more."*

Maya: *"Exactly. It's the feelings behind words they use. When we listen like this, we create a connection and show them that they're not alone in what they're feeling."*



Sami: *"I'm also thinking about how we sometimes apply theories and practices without considering our own context. Active listening could help us to better understand the community's unique needs, rather than just following external guidelines."*

Maya: *"Absolutely. By really listening, we can gain insights into what works best here, in our specific situation, instead of just following a one-size-fits-all approach."*

Reflection and Skill Development

In this fifth station, Sami and Maya explored the transformative power of active listening. For psychologists and educators working in environments marked by trauma, it is essential to:

1. Be Present: Give your full attention to the speaker. Make eye contact, listen without interrupting, and focus on truly hearing the emotions behind the words.

2. Reflect and Validate: Reflect back what you hear to ensure understanding and acknowledge the speaker's feelings. Validating emotions helps to create a safe space for deeper conversations.

3. Encourage Exploration: Ask open-ended questions that invite the speaker to explore their feelings and experiences more deeply. This encourages self-reflection and growth.

4. Adapt Practices: Use the insights gained from active listening to tailor your professional approach to the unique needs of the community. Recognize that trauma can shape behaviour and perceptions, and adjust your methods accordingly.

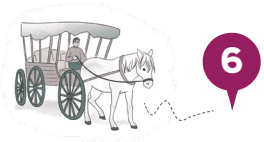
5. Build Trust: Genuine empathy and care are key to building trust. When individuals feel truly heard and understood, it creates a supportive environment where healing can begin.

These skills are crucial for creating spaces where individuals feel seen, heard, and valued—an essential foundation for emotional and psychological well-being in communities affected by trauma.

The Sixth Station: Reclaiming Sense of Self

The next morning, Sami and Maya found themselves heading back toward the heart of Ayn al-Rumman. The village was waking up slowly, with the sounds of daily life beginning to fill the air. Children were playing in the square, while elders sat together, sharing their stories. The energy of the village was palpable, as people went about their routines.

Sami and Maya made their way through the square, exchanging greetings with familiar faces. They noticed a group of children gathered around an elderly man who was recounting stories from the village's past.



Elder: *"In our village, the olive tree and the pomegranate tree are symbols of our connection to the land. The olive tree, with its deep roots, reminds us of our endurance; while the pomegranate tree, which our village is named after, symbolizes life, renewal, and the strength of our community."*

Sami and Maya joined the group, listening intently.

Child: *"Grandfather, why do we have to keep hearing these old stories? They make me sad."*

Elder: *"These stories remind us of who we are and where we come from. They help us hold on to our identity, just like the trees that have stood here for generations."*

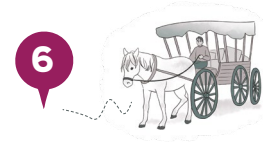
Sami knelt beside the child and spoke gently, *"I know it can be difficult to hear these stories, but they also remind us of the strength we carry within us, just like the pomegranate and olive trees. They show us that we're more than the challenges we've faced."*

The child nodded thoughtfully. **Maya** added, *"We remember the past, and we use these stories to shape a better future. Our history, like the trees that continue to grow, can guide us through what we're facing now."*

Elder: "*That's right. Holding onto our identity, like the roots of the trees, is what keeps us strong."*

Later, Sami and Maya met with a group of teachers and parents who had gathered to talk about their children's education.

Teacher: *"We're putting so much emphasis on exam scores and achievements, but it feels like something's missing. Our children are under so much pressure."*



Parent: *"We want them to have a better life, but sometimes it seems like we're losing sight of what really matters."*

Sami addressed the group, *"It's important to balance academic achievements with the development of critical thinking and self-awareness. Our children need to understand their own thoughts and emotions and learn to question the world around them."*

Maya: *"As parents and teachers, we need to model that behaviour. We should encourage curiosity and reflection, and encourage students to apply knowledge in their lives."*

Teacher: *"How do we do that when the system is so focused on grades and results?"*

Sami: *"We can start by creating spaces for open dialogue, where children feel safe to share their thoughts and questions. Encouraging them to think critically, instead of just accepting things at face value, can make a real difference."*

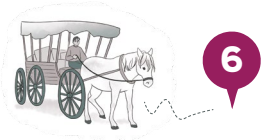
Parent: *"We're living under so much stress. How can we teach our children to think freely when we feel trapped ourselves?"*

Maya: *"It's challenging, but it begins with small steps. Reflect on your own experiences and share them with your children. Show them that it's okay to ask questions and seek understanding."*

As the meeting wrapped up, Sami and Maya walked back towards the square, feeling a renewed sense of purpose.

Sami: *"Today reminded me how important it is to help our community hold onto their sense of self. Living fully and preserving our identity, just like the olive and pomegranate trees."*

Maya: *"Yes, and it's something we all need to work on together. By supporting each other, we can create a space where everyone feels valued and empowered."*



Reflection and Skill Development

In this sixth station, Sami and Maya continued to engage deeply with the community, focusing on helping people reconnect with their sense of self. For psychologists and educators working in environments shaped by trauma, it is essential to:

1. Engage with the Community: Actively listen to and participate in community stories and gatherings. By being present and involved, you create stronger connections and foster a shared sense of purpose.

2. Encourage Critical Thinking: Promote curiosity and questioning within educational settings. By encouraging others to explore and challenge their own thinking, you help them grow beyond rigid patterns and assumptions.

3. Model Reflective Behaviour: Demonstrate self-awareness and reflective thinking in your own actions. By showing others how to reflect on their experiences and behaviours, you inspire them to do the same.

4. Balance Achievement with Growth: Emphasize the importance of personal growth, self-awareness, and critical thinking alongside academic achievements. It's about nurturing the whole person, not just their performance in school or work.

5. Foster a Sense of Identity: Help children and adults alike understand and appreciate their cultural heritage and personal identity. Through stories, reflection, and community engagement, support them in reclaiming their sense of who they are.

These practices are essential for helping both children and professionals find their way through the challenges they face, while holding onto their sense of identity and purpose. By focusing on these areas, we can create spaces where people feel seen, heard, and valued—building a foundation for healing and growth within the community.

The Seventh Station: Dealing with Ethical Dilemmas

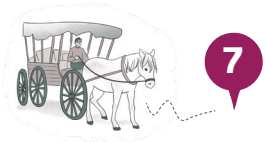
Sami and Maya made their way to the local school, where a group of teachers and community leaders had gathered to discuss pressing issues. The room was filled with conversations about the challenges they faced, especially around ethical dilemmas in their work with children and families.

Sami and Maya joined the circle, eager to listen and contribute.

Teacher 1: *"We often come across situations where we're unsure of the right thing to do. For example, how do we handle cases where children are dealing with difficult situations at home? Reporting it could make things worse."*

Community Leader: *"Then there are questions of cultural sensitivity. We want to honour our traditions, but some practices can be harmful. How do we navigate these conflicts?"*

Sami spoke up, *"Ethical dilemmas are a big part of our work. It's important to approach them with a clear set of principles and a commitment to doing what's best for the children."*



Maya: "*We need to balance respecting cultural norms with ensuring the well-being of the children. This requires a deep understanding of our community's values and a willingness to have tough conversations.*"

Teacher 2: *"But what happens when those values clash with what we know is right? How do we make those decisions?"*

Sami: *"It's never easy. One way to approach it is to have a framework for ethical decision-making. That might involve consulting with colleagues, seeking advice from trusted community members, and thinking carefully about the possible outcomes of different actions."*

Maya: *"We also need to include the children in these discussions when we can. Their voices are crucial for understanding the full impact of any decision we make."*

Teacher 3: *"Can you share an example of how this works in practice?"*

Sami paused for a moment before answering. *"Recently, I worked with a child who was showing signs of severe anxiety. It became clear that their home environment was a major source of distress. I had to decide whether to report this to authorities or find another way to help the child."*

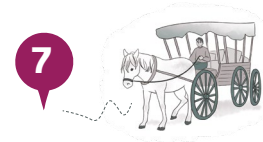
Community Leader: *"What did you end up doing?"*

Sami: *"I consulted with Maya and other colleagues, and we decided to approach the family first, offering support and resources. We worked with them to create a safer environment for the child. It wasn't an easy decision, but it allowed us to help the child without escalating the situation right away."*

Maya: *"This approach respects the family's dignity and aims to empower them, rather than imposing external solutions that might not be sustainable."*

Teacher 1: *"But what if the family hadn't cooperated?"*

Sami: *"That's always a possibility. We had a backup plan involving child protection services, but we wanted to try a more collaborative approach first. It's about finding a balance between immediate safety and long-term well-being."*



Reflection and Skill Development

In this seventh station, Sami and Maya reflected on the complexities of navigating ethical dilemmas in their work. For psychologists and educators working in environments shaped by trauma, it is essential to:

1. **Develop an Ethical Framework**: Establish clear principles for ethical decision-making. Seek guidance from trusted colleagues and community members to ensure decisions are well-rounded and considerate of different perspectives.

2. **Balance Cultural Sensitivity and Well-Being**: Respect cultural norms while always prioritizing the well-being of children. This balance requires deep understanding and often difficult conversations to navigate conflicting values.

3. **Engage in Collaborative Problem-Solving**: Involve families and the community in finding solutions that honour their dignity and context. Collaboration strengthens trust and ensures that solutions are sustainable and sensitive to the realities of the community.

4. **Consider Long-Term Impacts**: Thoughtfully evaluate the potential outcomes of different actions; analyse immediate effects and long-term consequences, both for the individual and the community.

5. **Empower Children's Voices**: Whenever appropriate, include children in discussions about their own well-being. Their perspectives are crucial in understanding the full impact of decisions and ensuring that their needs are met.

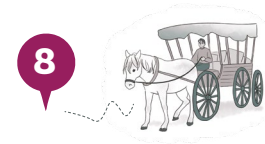
These practices are essential for making thoughtful, ethical decisions that respect both the individual and the community, sustaining trust, collaboration, and long-term well-being.

The Eighth Station: Building Community Connections: Voices and Disagreement

After their discussion at the school, Sami and Maya walked through the village. The air was thick with the sounds of conversation: voices raised, and emotions close to the surface. The warmth of communal life was there, but so was the tension. In a place where people shared so much, the fractures were just as visible.

They stopped at a local café, where villagers had gathered. The café buzzed with energy: debates, disagreements, and the weary laughter of people trying to hold on. Sami and Maya joined a table where a group of young adults were in the middle of a heated discussion about the future.

Young Adult 1: *"I'm sick of this endless talk. We keep saying things will change, but nothing ever does. The obstacles are everywhere—oppression, lack of opportunities—it feels like we're fighting a battle we've already lost."*



Young Adult 2: *"But what else can we do? We have each other and our community, but that doesn't change the fact that we're stuck. The world outside looks so different, and we're just trying to keep up."*

Young Adult 3: *"Maybe that's the problem. We're always trying to imitate what others are doing, but none of it feels real. Even our projects feel like someone else's ideas; Western models, outside solutions. What happened to doing things our way, with our knowledge?"*

Sami: *"That's a good question. Why does it feel like we've lost touch with our own way of doing things? Collective projects should build solidarity, but if we're just copying others, maybe we're not really connecting with what's important to us."*

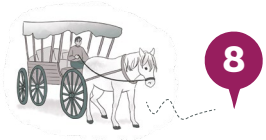
Young Adult 1: *"Because we're always told that our way isn't good enough. Look at how we live—under constant pressure, always feeling like we have to prove ourselves. We've internalized that feeling, and now it's like we don't even trust our own ideas."*

At that moment, an older woman at a nearby table leaned over, her voice steady but filled with the weight of lived experience.

Elderly Woman: *"No one had to tell us that we weren't good enough. It wasn't said out loud, it was in the way life treated us, the way daily struggles chipped away at us. We've spent years surviving, but in that survival, something got lost. The trauma we suffer isn't just from the big events; it's from the little things that happen every day. We started to believe that our ways weren't enough, that we had to look elsewhere for answers."*

The conversation grew more intense, voices overlapping, frustration spilling out.

Maya: *"This is why it's so hard for us to agree. We've been under pressure for so long that we've forgotten how to value ourselves and each other. We're projecting our fears and frustrations onto each other because it feels like the only way to have control. But it's not real control, it's the same oppression we've been living under, just turned inward."*



Young Adult 2: *"Exactly. We're always told we have to fight for everything, that nothing will be given to us unless we take it by force. We've started to believe that even with each other."*

Sami: *"It's the internalized oppressor at work. We've learned to act like those who've kept us down. When we try to build something new, it feels impossible because we're trapped in this cycle. We reach for what's familiar, even if it's not what we truly need."*

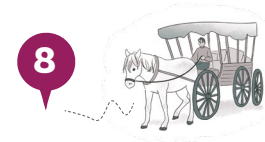
Young Adult 3: *"So how do we break out of it? How do we stop imitating what's been forced on us and start creating something that's really ours?"*

The elderly woman nodded slowly. *"It starts with believing that what we have is worth something. Our knowledge, our ways: they're not lacking, they're just buried under years of struggle. It's hard to see that when we've been taught to doubt ourselves, even without words."*

Maya: *"We need to stop measuring ourselves against others and start valuing what we have here. That means looking inward and recognizing the strength in our own traditions and ideas. The constant comparison, the fear that we're not good enough—that's what's holding us back."*

Sami: *"It's about changing how we think, how we interact with each other. We have to stop seeing each other as competitors, as threats. We need to rebuild trust, even if it's messy, even if it takes time."*

The group fell into a thoughtful silence. There were no easy answers, but the conversation had touched on something deep; a shared understanding that their struggles were external and internal, rooted in years of trauma that had shaped how they saw themselves and each other.



Reflection and Skill Development

In this Station of Voices and Disagreement, Sami and Maya confronted the deep struggles of living under occupation and the ways in which daily trauma had infiltrated the community's sense of self. For psychologists and educators working in such environments, it is crucial to:

1. Recognize Internalized Trauma: Understand how long-term trauma affects self-worth and behaviour, leading to internal conflicts and mistrust within the community.

2. Value Local Knowledge: Encourage the community to reconnect with its own traditions, ideas, and ways of solving problems, rather than relying solely on outside models.

3. Foster Authentic Dialogue: Create spaces where real, difficult conversations can happen, even when they don't lead to agreement. These discussions are essential for healing and rebuilding trust.

4. Challenge the Cycle of Force: Help the community move away from the belief that everything must be gained through struggle and force, encouraging a mindset that values collaboration and mutual support.

5. Rebuild Self-Value: Support individuals and the community in rediscovering their worth, recognizing that their knowledge and traditions are valuable in their own right.

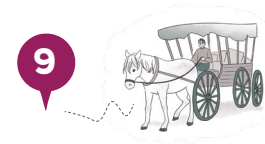
These practices are essential for helping the community to break free from the cycles of internalized trauma and rebuild from a place of genuine connection and self-worth.

The Ninth Station: Integration

Sami and Maya visited the local clinic, where a group of health professionals had gathered to discuss the community's needs. As they entered, they were greeted by health workers: nurses, social workers, and community health volunteers, all struggling under the weight of the challenges they faced. Despite their best efforts, something felt disconnected, like pieces of a puzzle that didn't quite fit together.

Community Health Worker: *"Welcome, Sami and Maya. We're glad you could join us. We've been trying to address the community's needs, but it feels like we're treating everything in a fragmented way. There's so much suffering, and we're all trying to do our part, but something is missing."*

As the meeting began, Sami noticed how much of the conversation revolved around specific roles: physical health, mental health, psychosocial support, all treated as separate entities. The approach felt fragmented, as if each professional was tackling a different part of the problem without looking at the whole picture.



Nurse: *"We see patients with all sorts of stress-related ailments, but it's mostly physical: headaches, stomach issues, fatigue. When they talk to us, it's about their bodies. They don't mention what's happening emotionally."*

Social Worker: *"When they come to us, they focus on their emotional pain, but we can tell it's affecting their whole lives. They're tired, worn out, but they see the physical and emotional experiences as two different things."*

Sami: *"That's because we've been treating them that way. We're trained to handle everything separately. The doctor deals with the physical pain, the psychologist deals with the emotional, and the international institutions come in with their projects, offering psychosocial support. But it's all disconnected. It's not enough to treat the symptoms if we don't see the whole person."*

Maya: *"Right now, we're just piecing things together from different fields, but we need an intradisciplinary approach. Every professional—speech therapist, social worker, or nurse—should consider the entire person and see how everything connects."*

Community Health Worker: *"Our training emphasizes the importance of specializing in our respective fields. Frequently, initiatives from international organisations are shaped by prevailing trends rather than actual local needs. It is essential to fully assess the situation on the ground before determining the most effective ways to provide assistance."*

There was a quiet agreement around the room. The projects they had implemented felt distant, like they belonged to another place, another context, and hadn't truly understood the depth of the community's suffering.

Nurse: *"International organizations often bring plans without asking relevant questions or understanding how our people experience suffering. They apply general models and hope for results."*

Sami: *"That's the problem. We can't just apply models from outside and expect them to fit here. We need to study our own community, to understand how trauma and suffering show up in people's lives. We need to learn from the people themselves and what are they experiencing. How do they cope? Only then we can create interventions that are actually meaningful."*

Maya: *"We need to change our mindset. We need to stop thinking in terms of separate services and start thinking about the whole person. The speech therapist shouldn't work in isolation from the social worker, and the doctor shouldn't work without understanding the emotional and social context of their patient's pain."*

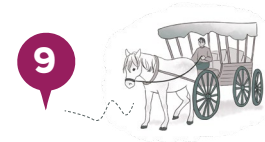
Social Worker: *"But how do we change that? We're all working within systems that are designed to separate everything out."*

Sami: *"It starts with us. We have to be the ones to push for a different approach, one that sees the whole person. We need to advocate for a shift in how we're trained and how we work together."*

The room fell into a thoughtful silence. There was a recognition that what they were doing wasn't enough, that something more holistic, more rooted in the realities of their community, was needed.

Community Health Worker: *"It's clear that we have a lot of work ahead of us, but we can't keep doing things the same way. If we don't start seeing people as whole, if we don't study and learn from our own community, then we're just applying band-aids to deep wounds."*

Sami: "*That's exactly it. We need to stop thinking in fragments. It's time to build something that connects everything—a model of care that looks at the whole person and really listens to what this community needs."*



Reflection and Skill Development

In this Station of Integration, Sami and Maya confronted the challenges of fragmented care and the need for a more holistic, community-rooted approach. For psychologists and educators working in these environments, it is crucial to:

1. **Adopt an Intradisciplinary Approach**: Train all professionals to see the whole person, understanding that mental, physical, and social health are interconnected and cannot be treated separately.

2. **Question External Models**: Critically examine international aid models and projects, ensuring they are tailored to the specific needs of the community and based on thorough study and understanding of local suffering.

3. **Focus on Community Knowledge**: Learn from the community itself, understanding how people manifest and cope with trauma in their daily lives, and build interventions that reflect these realities.

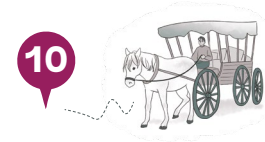
4. **Build Collaborative Care**: Encourage all professionals—doctors, therapists, social workers—to collaborate closely, sharing insights and working together to create a more comprehensive approach to care.

5. **Model Holistic Thinking**: Lead by example in integrating mental, physical, and social health in every aspect of care, showing the community that their well-being is valued as a whole, not in pieces.

These practices are essential for creating a care model that truly addresses the needs of the community.

The Tenth Station: Growth and Integration

Sami's final stop was at the village school, where he had been working as the school psychologist for several months. He spent most of his time in sessions, meetings, and consultations with children who experienced various challenges, not limited to academic issues. He knew the weight of his responsibility, and though his training had left gaps, he was determined to fill them.



His time at university had provided a solid foundation, but Sami quickly realized that it hadn't prepared him for the realities of working in a village where the roles of psychologists, counselors, and therapists were often blurred. Diagnosis, assessment, and therapy: these were areas where he had learned the basics, but the practical experience was something he was building every day.

This morning, Sami had scheduled a meeting with a young boy who had been struggling with behavioural issues in class. The teachers were concerned, wondering if there was an underlying condition such as ADHD. Sami understood their concern, but he also knew that rushing to label the boy wouldn't necessarily solve the problem. He had learned that every case was unique, and he needed to look beyond surface behaviours to understand the full picture.

As the boy entered Sami's small office, Sami greeted him warmly, making sure the child felt comfortable. Sami had learned that creating a safe space was the first step. As they spoke, Sami listened carefully, asking questions that would help him understand what the boy was experiencing both at school and at home.

After the session, Sami made notes and considered their discussion. Recognizing assessment as an ongoing process focused on understanding the child's experiences and challenges, Sami felt confident in his approach despite not having all the answers yet.

Later, Sami joined Maya in the teacher's lounge. She had been working with the teachers, helping them navigate the emotional needs of their students. Together, they were creating a bridge between psychology and education, ensuring that the children received the support they needed.

Maya: *"How did it go with your student?"*

Sami: *"It went well. He opened up a bit, and I'm starting to get a clearer picture of what's going on. Although I am continuing to learn, I am confident that we are making meaningful progress."*

Maya: *"That's because you're taking the time to see the full picture. It's easy to focus on labels, but you're going deeper than that. You're doing exactly what these kids need."*

Sami: *"I've realized that my training only gave me part of what I need to do this work. The rest I'm learning here, in real time. It's not easy, but it's making me a better psychologist. I'm learning to adapt, to integrate different approaches, and to find what works for each child."*

As they talked, Sami felt a growing sense of confidence. Yes, his training had gaps, but those gaps were being filled with every interaction, and every session, every new challenge he faced. He was becoming a psychologist who served the needs of his community, not solely due to his academic background, but through the practical application of his knowledge within this village and with these children.

Later in the day, Sami joined a meeting with the school's teachers. They were discussing how to better support students who were struggling emotionally and behaviourally. The conversation quickly turned to diagnoses, and once again, Sami found himself guiding the discussion away from labels and toward a more holistic approach.

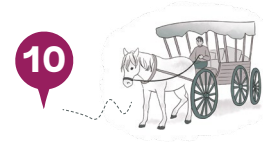
Teacher 1: "*We need to figure out what's going on with these kids. Should we be looking at ADHD, anxiety, or something else?"*

Sami: *"Diagnoses can be helpful, but they're not the whole answer. It is important to consider all aspects of a child's life, including their experiences, environment, and relationships. This approach involves viewing them as individuals rather than focusing solely on symptoms."*

Teacher 2: "*How do we do that when we're not trained psychologists?"*

Maya: "*You don't need to be psychologists to help. It's important to be attentive and understand each child's individuality. Sami supports us, but collaboration is key."*

As the meeting continued, Sami felt a renewed sense of purpose. He worked to address gaps in his training, using his expertise to create something new that benefited the children. More than applying theories, he built relationships and made a meaningful impact.



Reflection and Skill Development

In this Final Station, Sami's journey as a school psychologist highlights the importance of adaptability, continuous learning, and collaboration. For psychologists and educators working in similar settings, it is essential to:

1. **Adapt and Learn Continuously**: Acknowledge that formal training may leave gaps, and be prepared to fill those gaps through hands-on experience, reflection, and ongoing learning.

2. **Integrate Multiple Approaches**: Combine skills from clinical, developmental, and educational psychology to address the wide range of needs in the community. Be flexible in your approach, adapting to the specific challenges each child faces.

3. **Focus on the Whole Child**: Move beyond diagnosis and labels to understand the broader context of each child's life, including their emotional, social, and environmental influences.

4. **Build Collaborative Support Systems**: Recognize that supporting children requires a team effort. Teachers, parents, and psychologists must work together to create a holistic support system.

5. **Embrace Your Role as a Leader and Learner**: Be confident in your ability to make a difference, even as you continue to learn and grow. Trust that your experiences are making you stronger and more capable of helping your community.

These practices are essential for building a support system that truly addresses the needs of the children and the community, helping them navigate challenges with confidence and resilience.

Conclusion

Sami and Maya walked through Ayn al-Rumman, where the pomegranate trees grew, their deep roots mirroring the stories of the people who lived there. The village demonstrated that the practice of psychology extends beyond theoretical knowledge acquired in academic settings.

Sami had come to the village knowing that there were gaps in his knowledge. His university training had been heavy on theory but light on the practical tools he needed. As he worked with the children at the school, he realized that what he needed most couldn't be taught in a lecture hall. It had to be learned through experience, by adapting to the moment, and by truly hearing the stories that the village had to tell.

Ayn al-Rumman had endured so much, and Sami and Maya saw how the impact of past trauma remained a constant presence in everyday life. However, as they spent more time with the community, they also saw how people found ways to continue on, to keep moving forward. Sami knew that part of his role was to help them reconnect with their sense of self, to help them see their own value, even when it seemed like the world around them tried to strip it away.

As Sami walked through the old school, he saw that being a psychologist meant understanding each child as a whole—their fears, hopes, and relationships—and recognizing behaviour as a meaningful message that the child is communicating.

Sami and Maya reflected on the importance of curiosity, questioning, and critical thinking. In a village where tradition often held sway, it is hard to encourage these qualities, but they knew it was necessary. Children needed to be able to think for themselves, to challenge the world around them, even as they stayed rooted in their culture.

By the natural spring, surrounded by the pomegranate and olive trees that symbolized both life and continuity, they talked about the importance of reflection. They realized that growing as professionals and as people meant constantly questioning their own assumptions, learning from every experience, and being open to new perspectives. They had to be willing to adapt, to change, and to grow alongside the community they served.

The village square was always lively, filled with conversations that were sometimes heated and often filled with disagreement. Sami understood that this was part of the process—finding common ground is a challenge, especially in a place where people have been through so much. But it was these moments of tension, these difficult dialogues, that often led to the most important conversations. Through these discussions, the community began to piece itself back together, bit by bit.

At the school, Sami faced the ethical dilemmas that came with his work. How could he balance respecting cultural norms with doing what was best for the children? How could he make decisions when there were no clear answers? He learned to be thoughtful, weighing the consequences, and to always put the well-being of the children first.

Sami realized that being a psychologist in Ayn al-Rumman meant learning from the people as he helped them, rather than following a predefined path. He had to be flexible, to adapt to the challenges of each day, to see the connections between mental and physical health, between past and present, and between the individual and the community.

For Sami and Maya, this journey had taught them that psychology went beyond the boundaries of a profession; it was a way of being. Honouring the past while helping people navigate the present, and hoping for the future, gradually.

Chapter 4

Deir Talal Village (Convent of Talal Village)

Psychological Assessment in Context

Why was the village named Deir Talal?

The name "Deir Talal" is rich with historical and cultural significance. "Deir" in Arabic means "convent," reflecting the village's origins around an ancient convent perched on the mountain. "Talal" refers to the name of the first inhabitant who lived near the convent and worked there. Therefore, "Deir Talal" can be understood as "The Convent of Talal."

The village of Deir Talal stands as a testament to its deep-rooted history, where the old convent, once central to the community, now serves as a psychological centre and houses other essential city council services. The village's position on the mountain offers sweeping views, symbolizing the broad perspective needed in psychological assessment. The convent, a place of reflection and service, mirrors the therapeutic process that takes place within its walls today—where individuals can retreat, reflect, and find guidance. Just as Talal once served the convent, the psychological centre now serves the community, helping residents explore their thoughts and emotions, and providing the tools they need to understand their situations and grow.

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Introduction

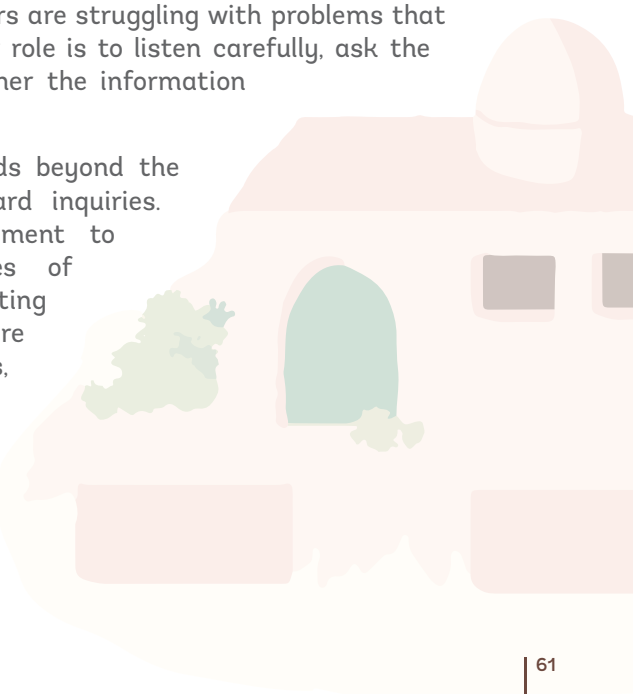
Welcome to Deir Talal, a village that encourages you to connect with others on a deeper level; see them with your heart and mind. In the world of psychology, seeing someone means diving into their emotions, thoughts, and experiences to understand what's really going on beneath the surface.

Imagine walking through this village with Amal, the psychologist, as we take this journey together. We learn more about the process of gathering information; getting to know people and really understanding them. The path we're following is called psychological assessment: a process that allows us to see someone deeply enough to offer them meaningful help.

In Deir Talal, the journey of psychological assessment unfolds in stages, like stopping at different stations along the way. Each station gives us a chance to reflect, learn, and discover something new about the people we're working with. As we move through these stations, we'll explore how people interact with their challenges, their families, and the world around them.

Think of each station as a moment in time: a chance to pause and gather more insights. The people we meet are individuals with stories that deserve to be heard. Some have reached a point in their lives where they need help due to a sudden crisis, while others are struggling with problems that have been building for years. Our role is to listen carefully, ask the right questions, and piece together the information they share with us.

Psychological assessment extends beyond the completion of forms or standard inquiries. It requires a genuine commitment to understanding the complexities of an individual's life. In collecting information, practitioners are identifying symptoms or signs, but more importantly they are seeking meaningful narratives. Each question posed serves to reveal a deeper layer of the individual's unique story.



Now, you might wonder: why do we ask certain questions? Why does it matter if we dig a little deeper? Well, every question has a purpose. It helps us connect the dots, to see the person as a whole, not just as a set of problems to be solved. The more we understand, the better we can help.

As we move through the village, we'll start to form a picture of the people we meet. We'll write down what we've learned in clinical terms and in a way that captures their story, their struggles, and their hopes. We will then proceed to formulate a plan specifically designed to address their needs, support them in managing their challenges, and enhance their quality of daily life.

By looking more closely at families' stories, we come to understand what they are living through. This practice deepens our skill in reading people within their context. We begin to truly see them and, in that seeing, we learn how to look and listen with greater care.

So, let's continue walking through this village together. Let's see what we can learn and how we can help. After all, every journey begins with a single step, and each step brings us closer to truly seeing the people around us.

Station 1: The Raid

In the middle of a dark night, amid the quiet alleys of Deir Talal village, the roar of engines from the occupation's vehicles shattered the silence. Soldiers arrived to raid several houses in the village. Amidst the noise, they stormed into Uncle Abu Tamer's home, breaking down the door, heavily armed, with the barks of police dogs echoing through the air.

"Hands up! Everyone, raise your hands!"

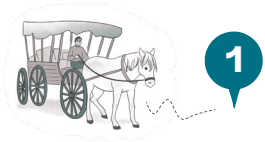
Uncle Abu Tamer's family rushed out of their rooms, still in their nightclothes. All they could see were guns pointed at them, and all they could hear was fear. The air in the house felt thick as they tried to make sense of what was happening. The soldiers' cruelty was more than they could have ever imagined.

- *"Are you Tamer?"*

- *"Yes, I am Ta—"*

- *"You threw a Molotov at us. We're here to teach you a lesson."*

The soldiers started beating him and set their dogs on Tamer. Uncle Abu Tamer tried to protect his son and calm the soldiers, but they beat him too, as Tamer's mother and sisters cried helplessly.



The soldiers dragged Tamer, who seemed unconscious, and then the officer shouted,

- *"We need to search the house. Everyone out, now!"*

Uncle Abu Tamer, his voice defeated, said, *"Where should we go? We have nowhere else. What do you want with the house?"*

- *"I don't care! Get out, now. Go to the street."*

Uncle Abu Tamer tried to reason with the officer, explaining that they had no relatives in the village to go to. But the officer wasn't listening and started threatening him.

- *"We'll arrest all of you if you don't leave."*

Umm Tamer, her voice choked with fear, pleaded, *"Okay, but we need to get dressed. We can't go outside in our nightclothes."*

- *"You're trying to hide what your son Tamer has! No one goes back into the rooms!"*

The soldiers didn't let them return to change clothes, so Uncle Abu Tamer grabbed the household covers to shield his family from the cold night.

Uncle Abu Tamer, Umm Tamer, and their daughters—Lubna, Lama, Abeer, and Aseel—were forced out into the street. The air was thick with tear gas and the exhaust from the soldiers' vehicles, and the sounds of clashes between the village youth echoed in the distance. Uncle Abu Tamer wrapped the dining table cover around Aseel to keep her warm and carried her. Umm Tamer put another cover over her head instead of her scarf, and the family wandered aimlessly, feeling lost like never before.

The soldiers outside pointed to a house at the end of the street, telling him to go there. Uncle Abu Tamer was confused; it was the only house which he had no connection to the occupants of. They had recently moved to the village, and he hadn't had the chance to meet or visit them yet. He walked slowly, hoping for a miracle, that this nightmare would end, that he would wake up from a bad dream; but this was reality, and there was no escape from it.

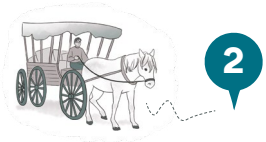
Station 2: A Night of Whispers

Uncle Abu Tamer's family arrived at the house, but he wasn't sure what to do. How could he knock on the door at half-past two in the morning? If he knocked, what would he say? What could he ask for? As these questions filled his mind, the door suddenly opened, and a man poked his head out.

- *"Come in, come in! I saw the soldiers pointing you to our house. It seems they told you to come here. Welcome, this house is yours. I'm Abu Nabil. Please, don't be shy. Umm Nabil is inside waiting for you."*

Uncle Abu Tamer replied, *"Honestly, neighbour, I don't know what to say. Thank you so much."*

Uncle Abu Tamer's family entered the house, feeling shy. They were surprised to see several other families from the neighbourhood already inside: soldiers had evacuated them to Abu Nabil's house as well.



One of the neighbours greeted them, *"Welcome, Abu Tamer, how are you?"*

Uncle Abu Tamer responded, *"Peace be upon you. Thank God. Did they arrest anyone from your family?"*

Another neighbour answered, *"Yes, they took most of the young men in the neighbourhood aged between 18 and 40."*

Uncle Abu Tamer sighed, *"May God free us from the occupation. They beat Tamer and me. They have no limits or humanity."*

Abu Khalil added, *"God help you, Abu Tamer. Hopefully, all the young men will return safely."*

Amidst this conversation, Abu Nabil's family tried to give the evacuated families some blankets, clothes, and bedding. The men sat in the guest room, while the women and children sat in the bedrooms.

Umm Tamer sat with the other women in one of the rooms, while Lubna, Lama, Abeer, and Aseel joined the neighbour's children in another. Lama and Abeer lay on the floor next to the other girls, but Aseel refused to sit with them. Instead, she stayed in her sister Lubna's lap. Lubna, the eldest, was known in the family for her kind heart, but tonight she was full of worry about her brother Tamer and what would happen to him. She gently said to Aseel:

- *"Go sit with the children on the floor."*

Aseel rested her head on Lubna's shoulder and whispered, *"No, I don't want to."*

Lubna*: "Why not? The kids are playing; go join them."*

But Aseel didn't answer and clung tightly to her sister.

Abeer sat with the other children, who were now covering their heads with blankets and whispering to each other.

A nine-year-old boy said, *"My dad was going to hit a soldier, but he was holding my sister Soso, so he couldn't."*

Abeer and another girl giggled quietly. Abeer added:

- *"Well, my brother actually hit the soldiers, and that's why they were mad at him."*

The boy responded, *"But my dad is stronger than Tamer, and he's going to*

fight the soldiers when we leave."

The girls giggled again at his words.

The boy continued, *"But my dad didn't get hurt like Uncle Abu Tamer."*

Abeer didn't like what he said and snapped, *"They attacked him with dogs. And besides, you're just a kid. Come under my blanket; we don't talk to boys."*

The two girls continued whispering under the blanket.

The neighbour's daughter said, *"I'm hungry. I want to eat maqluba."*

Abeer replied, *"My favourite dish is stuffed grape leaves because I love the colour green."*

The neighbor's daughter added, *"My favorite colour is pink, like my mom's."*

As dawn approached, sleep finally took over as they talked about their favourite things, their dislikes, and their dreams. Despite the cramped space and short blankets, their imagination took them to different worlds as they tried to piece together their inner selves.

When faced with a sudden painful event, it often splits the mind, shattering parts of it like glass dropped from a height. The mind responds in various ways, trying to understand the event and gather the broken pieces. A child making up a heroic story about their father, even if it didn't happen, is their way of holding onto the idea of their father as a protector, someone who can stop the bad things in the world. If others doubt that story, the child might start doubting people and lowering their value compared to the symbol of safety they've created. Similarly, Abeer's defence of weakness shows that how someone gathers their broken pieces depends on their maturity and how hard the event was for them to handle.

Station 3: The Discovery

The occupation army left the village at sunrise, and Abu Tamer's family returned home. Umm Tamer was worried the soldiers might have stolen her jewellery or Abu Tamer's savings. When they entered the house, everything was in disarray: furniture was damaged, doors were broken. Abu Tamer set up a makeshift bed in one of the rooms for Abeer and Aseel to sleep until it was time for school. The schools had delayed the start of classes to give families time to sort things out and let the children get some extra sleep.

Umm Tamer sighed in relief. "*Thank God they didn't take anything.*"

Abu Tamer nodded. *"Thank God. I need to get ready for work."*

Umm Tamer replied, "*Yes, and we'll start tidying up the house. Lubna and Lama will stay home to help, and I'll wake Abeer and Aseel for school.*"

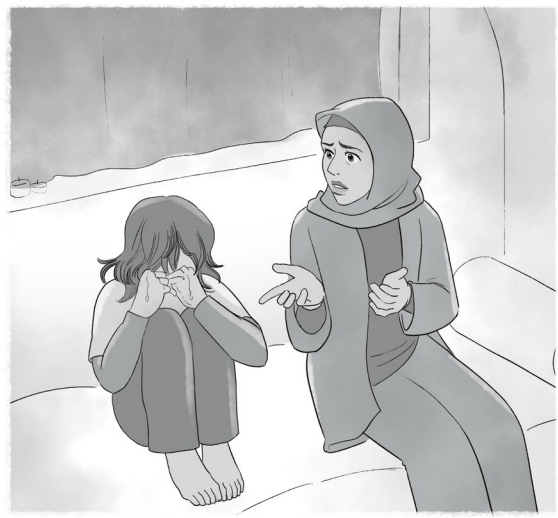
At nine o'clock, Umm Tamer went to wake the girls for the school bus. Abeer woke up and asked groggily,

- *"How did I get here?"*

Lama teased, *"You're lucky. Dad carried you."*

Abeer smiled, feeling happy, and got up energetically to get ready. But Aseel didn't want to wake up. As her mother kept trying to wake her, Aseel started crying,

- *"I don't want to go to school. I want to stay with you."*



Umm Tamer gently said, *"No, my dear, you need to go to school. You can play with your friends there."*

- *"I don't want to; I want to stay here with you."*

- *"Look at Abeer, she's getting ready all by herself. Come on, I'll help you."*

Aseel got up reluctantly, dragging her feet and moving very slowly. When the school bus arrived, she began crying hysterically,

- *"I don't want to go! I want to stay here!"*

Umm Tamer asked, *"Why, my love? Didn't you say you like school?"*

Aseel's crying grew louder, and she kept repeating herself, so her mother gave in and kept her home.

Umm Tamer said softly, *"It's okay, my love, you can stay with us today."*

But the problem didn't stop that day. Aseel continued to refuse to go to school all week, crying until she was out of breath each time. Finally, Umm Tamer suggested a new plan:

- *"Would you like me to take you to school?"*

Aseel, her voice mixed with sobs: *"Yes, take me."*

Umm Tamer sighed, got ready, and prepared to take Aseel to school. Despite this, Aseel's eyes remained full of tears, and she was silent. Mother and daughter left the house to walk to school. The conversation was one-sided, with Umm Tamer trying to engage Aseel, but Aseel refused to let go of her mother's hand.

Umm Tamer: *"We're almost at school now. Miss Khulood misses you, didn't you tell me you love her?"*

Aseel: ...

Umm Tamer: *"And Miss Khulood told me that your friends have been asking about you and want to play with you."*

Aseel: ...

Umm Tamer kept trying all the way to encourage Aseel and increase her desire to go to school, but all these attempts failed. When they reached the school gates, Umm Tamer said:

- *"How about you go in, and I'll come back to pick you up when school is over?"*

As expected, Aseel started crying again and refused to go to school.

- *"Okay, let's go in together."*

Umm Tamer hoped that once Aseel saw her friends at school, she might finally let go of her hand, even if just for a moment. As they entered the school, they were greeted by Miss Khulood, who welcomed them warmly:

- *"Hello Aseel, we've missed you! Look, there's Reem and Mais waiting for you over there."*

She called Aseel's friends over, and as the girls approached, Umm Tamer's hopes began to lift. Aseel's sad expression softened into light smiles, and for the first time that morning, she let go of her mother's hand to play with the other girls.

Umm Tamer looked at Miss Khulood with gratitude in her eyes and said:

- *"Thank you, Miss Khulood. She was giving me a hard time, and I was really worried she wouldn't go in."*

The teacher, with a light smile, responded, *"It's okay, Umm Tamer."*

Later, when school was over, Umm Tamer waited by the gate for Aseel. Miss Khulood asked her to come inside to meet with the principal and the counselor. They invited her to sit down and shared their concerns:

- *"The teachers have noticed that Aseel is very distracted in class. She seems to daydream a lot, and this has affected her work and participation. If it continues, her grades could suffer. After discussing it with the counselor, we felt it was important to talk with you about this."*

Umm Tamer replied, *"I know Aseel has changed a little, but I believe she'll get back to normal with time."*

The counselor added, *"She might improve on her own, but we think involving a specialist could help her recover faster, especially before the exams start."*

Umm Tamer asked, *"Who is this specialist, and how can I reach them?"*

The counselor explained, *"There's a mental health centre at the village convent. We've prepared a referral for you to take Aseel there."*

"When should I go?" Umm Tamer asked.

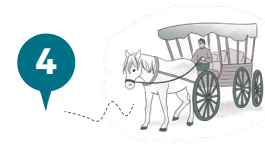
"As soon as possible," the counselor advised.

Umm Tamer left the school feeling weighed down by the conversation. She decided she would visit the mental health centre the next day but chose not to tell anyone yet. She needed time to process everything and figure out how to talk to her family about it.

Station 4: The First Experience

The next morning, Umm Tamer made her way up to the convent, which stood at the top of the village. The steep climb left her out of breath, as the village of Deir Talal was nestled on the side of a mountain. In the old days, the convent was all that existed in the village, and Talal, the steward, had been the first to settle beside it. Over time, the convent had transformed into a community service centre. It now housed the village council, a clinic, and offered various services to the residents.

When Umm Tamer entered the building, she wasn't sure where to go or whom to ask. She looked around for signs until she found one that read "Mental Health." Deciding that was her destination, she followed the sign, took out the paper the school had given her, and handed it to the receptionist.



Receptionist: "*Hello, do you have an appointment?"*

Umm Tamer: "*The school told me to come here, but no one mentioned that I needed an appointment."*

Receptionist: *"That's okay, but we do schedule appointments to make sure the specialist is available. Let me check who's available to meet with you today."*

While Umm Tamer stood there, lost in her thoughts, she heard a voice calling her:

- *"Hello, please come in, Umm Aseel."*

"Hello," replied Umm Tamer, following the specialist Amal into the room.

Amal, a promising psychologist at the beginning of her career, was only 24 years old. Diligent and intelligent, she had committed herself to helping children in the village.

Amal started gently, *"Hello, Umm Aseel, I'm the psychologist Amal. I'll be meeting with you today and maybe a few more times to understand what's going on with Aseel. I will ask you questions, and it could be tiring, but we'll work together to help her."*

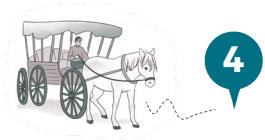
She added reassuringly, *"Of course, the information we discuss in these sessions is confidential. It won't be shared with anyone outside the centre, unless there's a risk to someone's safety. I'll need you to sign this consent form, which states that you agree to share this information with us here at the mental health centre."*

Amal handed the form to Umm Tamer. *"If you have any questions or concerns, please feel free to ask. We can talk through them."*

Umm Tamer nodded and took the form, signing it quickly without reading the details. As she handed it back, she said, "*Please, call me Umm Tamer."*

"Of course, Umm Tamer," Amal replied warmly.

After a moment, Umm Tamer sighed. *"Honestly, I don't even know where to start."*



"Don't worry, Umm Tamer. Let's start by talking about what's been going on with Aseel."

"The school asked me to come here because of Aseel," Umm Tamer began. "*She doesn't want to go to school anymore."*

"She doesn't want to go?" Amal echoed, encouraging her to continue.

"Yes," Umm Tamer confirmed. *"She stopped wanting to go after the army raided the neighbourhood last week. Before that, she loved school. She loved seeing her friends. But now, I don't know what's happened to her."*

"Can you tell me more about what happened during the raid?" Amal asked gently.

Surprised, Umm Tamer replied, *"Didn't you hear about it?"*

"I did," Amal answered, *"but I'd like to hear it from you."*

"The army raided our house and the whole neighbourhood. They arrested Tamer, my only son, and destroyed parts of our home. They forced us out, not even letting us grab our things. We ended up at our neighbour's house, with nothing, no coats, not even my headscarf. We stayed there until the soldiers finally left."

"That must have been so difficult for you," Amal said, her voice soft with empathy.

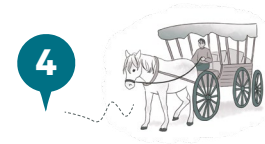
With sadness in her eyes, Umm Tamer nodded. "*Yes, it was. They beat Tamer and Abu Tamer. They didn't leave anything untouched in the house."*

Amal could see how much this experience had weighed on her. She asked gently, *"Can you tell me more about what happened that night?"*

Umm Tamer described how the soldiers stormed their home, how they beat Tamer and frightened him with dogs, and how they forced the family to seek shelter at their neighbour Abu Nabil's house, along with other families from the neighbourhood.

Amal noticed that Umm Tamer hadn't mentioned how Aseel had reacted to the raid. She asked, *"How did Aseel react during all of this?"*

For a moment, Umm Tamer stared at the ceiling, trying to remember. But the night had been so overwhelming that she hadn't been able to focus on



her daughter at the time. She shared what she could recall, *"Honestly, I don't remember much about Aseel that night. I was so worried about Tamer, about the house, and about not having my headscarf. But Lubna, my eldest, told me that Aseel clung to her the whole time after we left the house."*

"Have you talked to Aseel about what happened since then?" Amal asked.

"No, we haven't talked about it. She's actually been very quiet since the raid. And now she doesn't want to go to school. How can I get her to love school again, to go back without making it too hard for me?"

Amal quickly realized that Umm Tamer hadn't yet connected Aseel's behaviour to the trauma she'd experienced. Her focus was on finding a quick solution, which was understandable given her situation. However, Amal knew that a real solution would only come from fully understanding Aseel's experience. She gently redirected the conversation, asking, *"Why do you think Aseel doesn't want to go to school anymore?"*

"Maybe it's because of the army," Umm Tamer guessed.

"*Yes,*" Amal agreed. "*But how do you think the army raid made her feel about school?"*

"*Do you mean she's scared?"* Umm Tamer asked. *"But we were all scared, and we're fine now. Abeer, her sister, is only two years older, and she's fine."*

Amal carefully chose her words. Each question was like pulling a thread, hoping to reveal more about Aseel's inner world. *"Is Aseel your youngest?"*

"Yes," replied Umm Tamer.

"And Tamer is your only son, right? And Abeer is only two years older than Aseel?"

"Yes," said Umm Tamer. "*I have four daughters and one son. Tamer is the only boy."*

"Can you tell me more about your children? What are their ages and what are they up to?"

Umm Tamer explained, *"Lubna, the eldest, is 21 and studying Arabic literature at university. Tamer, well, he's not very consistent with his studies; sometimes he studies, and sometimes he works. Lama is 18 and just started university, studying nursing. Then there's Abeer in fifth grade, and finally Aseel in third grade."*

"So, Aseel is the youngest," Amal repeated, trying to piece together the family dynamics. "*Was your pregnancy with Aseel planned?"*

"Yes," Umm Tamer answered honestly. *"But we were hoping for a boy, to give Tamer a brother."*

"And when you found out she was a girl, how did you feel?"

"I thanked God. What comes from God is a blessing."

"And how did Abu Tamer feel?"

"Honestly, he was a bit disappointed at first. But then he accepted it."

"What do you mean by 'accepted it'?"

"He started saying, 'Thank God for everything.'"

"How is Aseel's relationship with her father now?" Amal asked, probing deeper.

"*It's fine,"* answered Umm Tamer, but her vague response made Amal feel that there was more beneath the surface.

"What do you mean by 'fine'?" Amal asked gently.

"Fine," Umm Tamer repeated, as if that answered everything.

Amal sensed that the mother didn't pay much attention to the details, and this made her job more challenging. Still, she persisted, knowing that every bit of information mattered. "*Can you describe how they spend time together?"*

"Abu Tamer works late. When he comes home, he eats, prays, watches the news, and then goes to bed."

"And what about on weekends?" Amal asked.

"He only has one day off," said Umm Tamer. *"He usually spends it doing things around the house or shopping for groceries. Once a month, we manage to go out as a family."*

"What do you think about that?" Amal inquired, trying to understand more about the family's dynamics.

"It's normal," replied Umm Tamer. *"All men are like that."*

Amal continued to dig deeper, hoping to understand Aseel's family dynamics and how they might have influenced her behaviour. She knew this information would be essential when the time came to develop a plan to help Aseel.

Amal made sure to ask about Aseel's early childhood, gathering information on her pregnancy, birth, and developmental milestones. She also inquired about Aseel's health, breastfeeding duration, and any issues during her first years of life. Umm Tamer reassured her that everything had been normal, with no major health concerns. Amal then shifted the conversation to Aseel's experience at school, where she excelled academically and enjoyed her subjects, although she sometimes struggled with certain subjects that required heavy memorization. This thorough questioning helped Amal build a complete picture of Aseel's background, ensuring that no detail was overlooked.

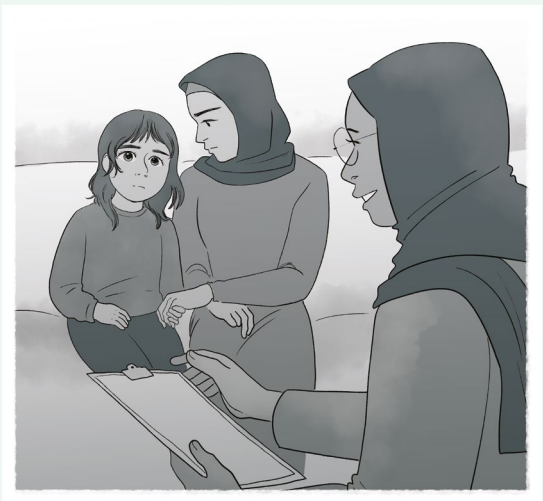
Finally, Amal wrapped up the session. *"Thank you, Umm Tamer. I think I have a good understanding of Aseel and her situation from what you've shared with me today. I'd like to schedule another meeting where I can get to know Aseel better, and from there, we'll work together on a plan to help her. Does that sound good?"*

"Yes, thank you, Amal," said Umm Tamer.

The two women left the room and scheduled a follow-up session for Aseel.

As Amal reflected on the conversation, she considered the family dynamics, the impact of the trauma they had experienced, and the challenge of connecting these pieces to Aseel's behaviour. She knew that the road ahead would require patience, empathy, and careful assessment, but she was committed to helping Aseel find her way back to a sense of safety and normalcy.

Station 5: The Child Beneficiary



A week after the first meeting, Amal prepared for her session with Aseel. She reviewed the information collection form, noting the areas that still needed clarification. As Amal was deep in thought, the receptionist called to inform her that Aseel had arrived with her mother. Amal stepped out of her office to greet them, warmly welcoming the child before leading her into the room.

Come on in, Aseel. We're just going to sit and chat a bit so I can get to know you better.

Aseel hesitated at the doorway, her small frame almost lost in the large room. Amal gently guided her to the round table in the centre of the room. Shelves lined the walls, filled with colourful toys that caught the eye.

Why don't you take a seat here beside me?

Aseel quietly sat down, her eyes darting around the room. Amal noticed her glancing at the toys.

Do any of the toys look fun to you? You can play with anything you like.

Aseel shook her head, staying quiet.

Amal responded in a low voice:

Alhamdulillah (Thank God)

How are you feeling today, Aseel?

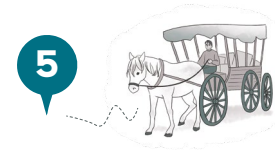
That's good to hear. What does it mean for you when you say 'Alhamdulillah'?

It means I'm okay.

I'm glad to hear that. Do you know why you're here today?

Mama said it's to help me do better in school

What do you think that means?



So I don't get in trouble for not wanting to go.

Trouble? What kind of trouble?

That's what Mama said.

Where do you live, Aseel?

Down here, in the middle of the village.

And who lives at home with you?

Mama, Baba, and my siblings.

Can you tell me their names, ages, and what they do?

Lubna is at university, Tamer was taken by the army, Lama is also at university, and Abeer is two years older than me.

Taken by the army? When did that happen?

Two weeks ago. They came at night while we were sleeping and took him.

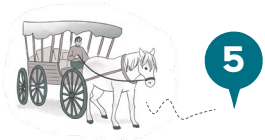
Where did they take him?

To prison. Where else?

Aseel didn't answer. Instead, she stood up and moved toward the toys, looking them over as if trying to decide what to play with. Amal realized she might have pushed too quickly.

Aseel didn't respond. Instead, she focused on the toys, selecting a few dolls and some pens. Amal let her be, observing quietly as the session transitioned from conversation to play.

Aseel arranged six dolls in a circle, placing pens around them as if creating a barrier. She then picked up a dinosaur figurine and moved it toward the dolls, knocking the pens away and making the dinosaur bite the dolls. She repeated this scenario several times, occasionally adding sound effects such as growls for the dinosaur or cries from the dolls.



Amal watched carefully, asking soft questions to explore Aseel's thoughts without disrupting the flow of play. *"What's the dinosaur doing?"* she asked gently. *"Who are these dolls?"*

Aseel's answers were vague and brief, revealing little insight into her inner world. Amal knew the play was significant but wasn't ready to push Aseel for more details. Instead, she observed, allowing Aseel to lead the session.

By the end of their time together, they started putting the toys back on the shelves. Amal and Aseel left the room quietly, heading toward the reception area to meet with Aseel's mother.

Reflection:

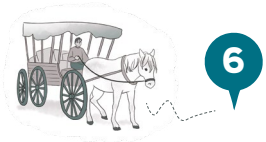
This session highlighted the delicate balance a psychologist must maintain; being an explorer in a child's world while respecting boundaries. Amal gathered essential information about Aseel's family and recent events, but more importantly, she allowed Aseel the space to express herself through play. Though Aseel's answers and play were not fully revealing, Amal understood that building trust would take time. Patience and careful observation would be key in uncovering the deeper layers of Aseel's experience.

By weaving together conversation and play, Amal created an environment where Aseel could begin to open up, even if only a little. It's this blend of professionalism and gentle engagement that will help Amal support Aseel in the sessions to come.

Station 6: First Session of Assessment

Amal reflected on her session with Aseel as she sat down to complete her office tasks the following morning. She organized her notes, recalling the details from her meetings with Aseel and her mother, Umm Tamer. With the information fresh in her mind, she pulled out the information gathering form (Intake) she needed to complete.

In mental health institutions, these forms are critical tools. They guide the process of understanding the patient's background, developmental milestones, psychological state, and needs. However, Amal knew that while the form was important, it should not dictate the entire session. The flow of conversation, especially with children, often led to more significant insights than a rigid question-and-answer format could provide.



Amal began to fill out the form, reviewing her interactions with Aseel and her mother. She mentally checked off the questions she had covered during their discussions. Some answers had come naturally during the conversation, while others had been subtly explored through Aseel's play. The form helped to ensure that no crucial details were missed, but Amal understood that the real value lay in how she connected those details to Aseel's larger story.

The information gathering form served as a framework, but it was Amal's skill in weaving together the narrative—through observation, empathy, and careful questioning—that would ultimately guide the development of an intervention plan tailored to Aseel's needs.

(At the conclusion of this chapter, an example of an information collection form is provided. Please review the form and assess whether Amal's questions during her discussions with Umm Tamer and Aseel effectively addressed and answered the items included in the form.)

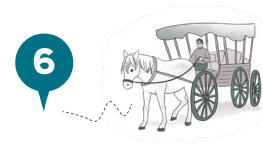
Amal reflected on the first two sections of the information collection form as she prepared to fill them out for Aseel.

Main Complaint:

Amal knew that the parents' main complaint typically reflects what is most visible about the problem. However, this complaint might not fully capture the deeper issues at play. It is often the primary symptom that drives the family to seek help, but it doesn't necessarily represent the underlying problem. In Aseel's case, her mother had expressed concern that Aseel was refusing to go to school and had withdrawn from her social life. Amal recognized these symptoms as important indicators of something deeper but noted them as the starting point for her work.

Amal wrote:

"Refusal to attend school and social withdrawal."



Reason for Referral:

Amal considered how the reason for referral often reveals why the family finally decided to seek help. This can provide insight into the urgency or pressure they feel, as well as their expectations. Many families endure difficult circumstances for a long time before seeking support, and the reason for referral can help the specialist understand what finally pushed them to reach out. In Aseel's case, the primary driver was the school's recommendation. The school had noticed changes in Aseel's behaviour and encouraged the family to seek psychological services.

Amal wrote:

> *"The family sought psychological services for the child following a referral from the school."*

She felt confident that these reflections captured the essential motivations behind the family's visit and could serve as the foundation for further exploration in her sessions with Aseel.

Awareness of the Problem:

Awareness of the problem or treatment on the part of the patient or their parents is one of the most important factors influencing the psychological intervention plan and its course. The level of awareness determines the depth and effectiveness of the intervention.

How so? _____
_____
_____

Amal reflected deeply on this section of the form. This part of the assessment was crucial, as it revealed how much the patient or their family understood the problem they were facing. Amal knew that an incomplete or vague presentation from the patient could lead to misunderstandings, affecting her ability to create a comprehensive treatment plan. However, Amal was also aware that she couldn't impose her own understanding here; is this section it's important to document the patient's awareness, not her professional assessment.

In some cases, patients might not fully understand the nature of their problem, which could lead to gaps in the treatment plan if left unaddressed. Increasing a patient's awareness of their difficulties and the need for treatment was sometimes an essential part of the intervention itself.

As she thought back to her conversation with Umm Tamer, Amal realized that the mother's awareness of the issue was limited. For her, the main goal seemed to be making Aseel want to go to school again. The deeper psychological impacts of the raid and Aseel's fear and withdrawal were not fully recognized by the mother. Nevertheless, Amal knew that she had to document what the mother believed, not what she had interpreted as the underlying issue.

Amal wrote:

> *"The mother believes the child's problem is due to the event of the soldiers raiding their home and arresting her brother."*

Amal felt that this note accurately reflected the mother's current understanding of the problem, even though she knew there was more to uncover. This documentation would guide her in creating a more targeted intervention in the future.

Family History:

Amal began to construct Aseel's family history, knowing how vital this piece of the puzzle was in understanding the child's experience. Family history is more than a record of dates and facts; it represents a narrative that significantly influences a child's development. Much like a mathematical equation, even a small error in understanding can lead to an incomplete solution. The story of how a family forms and the parents' decisions regarding their children can greatly influence how those children view the world. For instance, when a child is not originally planned or desired, it may influence parental interactions and the extent to which the child's needs are addressed. While certain families successfully adjust to these conditions, others encounter challenges, potentially resulting in the child developing an independent and often complex perspective.

Amal also considered that family history is broader than just the story of the parental relationship; it includes significant events that impact

dynamics within both the immediate family and the extended family. These connections, or the lack thereof, could also influence Aseel's psychological development.

So, Amal wrote:

- The marriage was traditional.

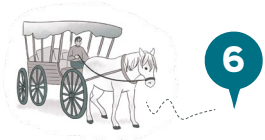
- The pregnancy was desired and planned, though there was a preference for a male child.

- The family experienced a traumatic event when soldiers raided the home, and Aseel's brother was arrested.

Medical and Psychological History:

Shifting her focus to Medical and Psychological History, Amal reflected on how this section often overlaps with family history. The individual's experiences of medical or psychological difficulties can significantly shape how they interact with the world. For instance, enduring a serious health condition or a long treatment process can deeply affect a person's outlook, instilling a sense of vulnerability or mistrust. Similarly, children who repeatedly encounter doctors or specialists, whether for psychological or physical reasons, might start to see life as a series of invasive, painful events that are beyond their control.

This history also covers ongoing symptoms that might reflect deeper psychological issues. Symptoms like chronic abdominal pain, headaches, or bedwetting are often signs that something more significant is happening internally. These physical manifestations can be a crystallization of the crises and stress the individual has experienced.



So, Amal wrote:

- The child did not suffer from any serious physical problems or illnesses, according to the mother's account.

- The child experienced recurrent abdominal pain and bedwetting when she started school.

- Currently, the child exhibits social withdrawal and school refusal.

By documenting this information, Amal was piecing together a more comprehensive understanding of Aseel's world—one that would help guide future interventions tailored to her unique experiences.

Relationship Dynamics:

Amal reflected on the importance of understanding the relationship dynamics within Aseel's family, realizing that this aspect of the information collection process doesn't rely on straightforward questions but rather on careful observation and indirect prompting. The dynamics of relationships involve careful observation of the ways in which family members communicate, as well as an awareness of underlying tensions or connections that may not be explicitly expressed. It's like trying to piece together a puzzle where some of the pieces are hidden beneath the surface.

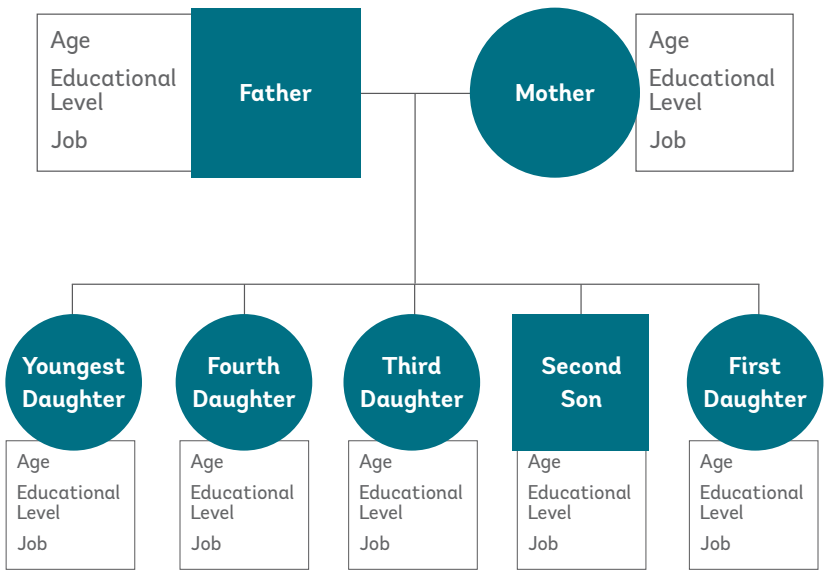
Why are relationship dynamics so crucial to understanding the situation? The term "dynamics" comes from the world of physics and mechanics, where it refers to how objects move under the influence of forces. Freud adapted this concept to psychology, suggesting that our mental processes are similarly shaped by different forces, both visible and invisible. Just as a physical object responds to forces acting upon it, so too does the human psyche. However, the human mind is more complex than an inanimate object; sometimes, a lack of reaction is itself a significant reaction.

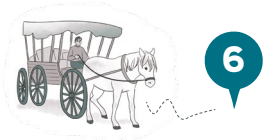
In the context of family relationships, dynamics refer to the ways in which these relationships shift and change under various pressures. For example, a parent's desire or rejection of a pregnancy acts as a force that influences their relationship with the child. Similarly, many of the forces shaping family relationships are hidden and difficult to see, like the depths of the ocean that conceal countless unseen elements.

Amal knew that capturing these dynamics wouldn't always be straightforward. Still, even incomplete or vague insights could be valuable pieces of the larger puzzle she was trying to put together. To help organize her thoughts and guide her questioning, she decided to divide relationship dynamics into three levels: familial, personal, and social. This structure would help her systematically explore the forces at play in Aseel's life.

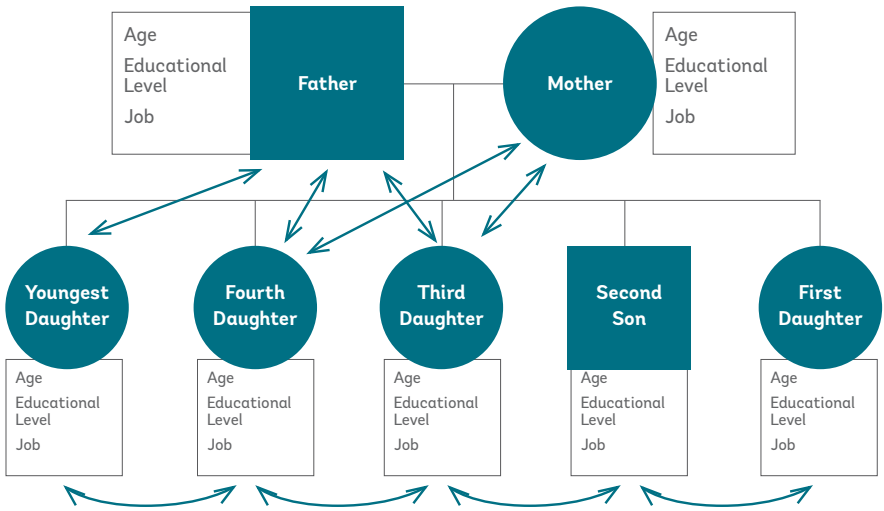
At the family level, Amal used a method she had developed over time. She began by creating an eco-map or ecological map, a visual tool that illustrates the systems and relationships in a person's life. This map could provide a comprehensive view of how different levels of interaction affected Aseel. Amal started with a simple family tree, asking about each family member's name, age, birth order, education, and occupation. As she sketched this out in her notebook, it helped her visualize the broader context of Aseel's life and relationships.

She knew that these dynamics, whether visible or hidden, would help her form a more complete picture of Aseel's psychological world.





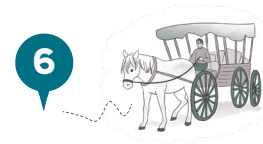
Then she drew lines to describe the relationships between family members as follows:



Amal's eco-map helped her create a clearer picture of the family's relationship dynamics. By placing key descriptions and observations alongside the family tree, she was able to visually organize the complex interactions within the family. Each line connecting family members was a narrative that carried its own weight of emotions and shared experiences.

For example, knowing that the eldest daughter is close to everyone and is described as the most compassionate gives Amal insight into a potential support system within the family. Understanding that the third daughter prefers isolation provides a clue about possible emotional distancing or unmet needs. Observing that the fourth daughter is impulsive raises questions about how she handles stress or conflict. Noticing that the father is often absent highlights a gap in the family structure that may impact the children's emotional security. The mother's role as the one managing the household could suggest that she's carrying a heavy emotional and physical burden, which might affect her ability to address each child's needs.

Amal knew that these observations were just the beginning. The more she asked and probed into these relationships, the more she could uncover about the family's dynamics, which would ultimately help her tailor an intervention plan that fitted Aseel's unique circumstances.



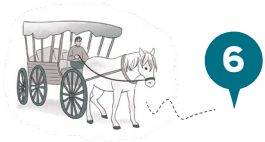
In your opinion, how can the question of relationship dynamics be answered based on the information from Amal's session?

This section highlights an essential aspect of psychological assessment: understanding how patients, especially children, perceive their relationships. The dynamics of relationships within a family are complex and shaped by individual perceptions, emotions, and experiences.

For Amal, working with Aseel means paying attention to the deeper, often unspoken, feelings and thoughts that Aseel may be unable to express fully due to her developmental stage. Children, unlike adults, may not have the vocabulary or self-awareness to describe how they feel about their relationships. Instead, their emotions and perceptions often surface indirectly—through behaviour, play, or non-verbal cues.

This concept emphasizes the importance of a psychologist's clinical experience in picking up these subtle dynamics. Amal's role is to observe Aseel's behaviour during play and interactions, noting how she might express her internal world through actions rather than words.

Understanding how Aseel interprets her family relationships will provide Amal with critical insights into how these dynamics contribute to her current psychological state. This understanding requires sensitivity, patience, and a keen eye for detail, as Aseel may reveal important information through her actions or in response to specific prompts during their sessions.



In summary, Amal's challenge is to look beyond the surface, recognizing that children's perceptions of relationships are often deeply rooted in their emotions and influenced by their developmental stage. With careful observation and clinical practice, she can gather the information necessary to form a comprehensive understanding of Aseel's internal world and the impact of her family dynamics.

Social Relationships:

Social relationships are the third layer we examine when trying to understand relationship dynamics. By looking at how someone interacts with others, whether it's with friends, extended family, or neighbours, we can begin to see the different forces that shape their connection to their environment. These interactions can also give us a glimpse into the quality of their life.

Healthy and stable relationships often act as support systems, helping people to cope during difficult times or manage everyday challenges. So, understanding these social connections can reveal valuable insights into someone's psychological state, often reflecting what they're experiencing in their life.

Reflecting on Amal's interview with Aseel, consider the following question: How would you approach gathering information about key social relationships in this context? In your response, focus on the strategies that would enable you to elicit this information in a sensitive and effective manner. Describe any particular considerations or techniques that would be appropriate given the details of Amal's interaction with Aseel.

Education and Work:

Amal understands that when we explore a patient's work or educational experiences, our goal is to assess their functional performance. This concept is vital because it gives us a deeper understanding of the patient's life. The way a patient describes their interaction with their work or studies can reveal how psychological factors shape their daily life. These insights help us, as specialists, to see how challenges impact their ability to manage everyday tasks, work efficiently, and adapt to difficulties.

In Aseel's case, it became evident how deeply her education was affected by the crisis she endured. The changes in her ability to function after the event were striking.

How do you think the appropriate response should be written in the intake form for this section?

Possible answer: Aseel is currently enrolled in third grade but has been facing challenges attending school following a traumatic event involving a military raid in her neighbourhood. She previously enjoyed her studies and was active in school life but has recently shown signs of distress and reluctance to attend. Efforts to reintegrate and provide support at school are ongoing, aiming to restore her sense of safety and engagement with her educational environment.

Developmental History:

Amal began reflecting on the mother's answers about the child's developmental history as she carefully noted down the responses. What is the significance of understanding a child's developmental history? It's undeniably important, but why exactly?

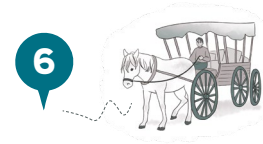
What truly matters is that the child has progressed through their developmental stages normally for their age and that no significant events disrupted this progression. In other words, the patient did not encounter crises that interfered with their physical, mental, or psychological growth. If any abnormalities or critical events had occurred during this period, they would likely have had a profound impact on the child's overall development and life experience. Addressing such issues might require specialized treatment and consultations with experts in various fields, especially those focused on developmental health.

In addition to developmental concerns, a range of other challenges and crises may require consultation with multiple specialists. Comprehensive, multidisciplinary evaluations for these circumstances will be addressed in greater detail later in this section.

Final Observations:

At the end of the form, we include our observations about the patient's traits and characteristics, particularly focusing on those capabilities and personal strengths that significantly impact their quality of life. Amal finds this part to be the most challenging, as she feels it can sometimes seem like making a premature judgment. She understands that forming such judgments is a skill that psychologists develop over time, yet she recognizes its crucial role in describing the patient's psychological state.

This section helps to create an initial picture of the patient, offering important clues about what they might be experiencing or revealing specific symptoms. It's a fundamental part of assessing the mental status of a person, which encompasses their cognitive, emotional, psychological, and behavioural traits. These observations include:



- **Appearance and General Behaviour:**

Describing a patient's appearance and general behaviour helps us understand how their psychological state is reflected in their outward presentation and actions. Any noticeable changes or disruptions in these areas can signal that the patient is dealing with complex emotional or psychological challenges. Moreover, appearance and behaviour play a significant role in how others perceive the individual. This perception, often loaded with judgments, can profoundly impact the patient, acting as an unseen influence on their well-being.

For instance, a 9-year-old boy who is severely obese might appear older than his actual age, which could lead others to treat him as a teenager, imposing expectations that are beyond his years. This situation could pressure him to mature faster than his peers, potentially affecting his emotional development.

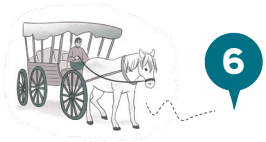
In this section, we document key indicators, focusing on whether the patient's appearance (such as clothing arrangement and body size) and general behaviour are appropriate for their age, seem older than their age, or appear younger than their age.

- **Patient's Mood:**

We observe whether the patient's mood remains stable or fluctuates throughout the session and take note of the intensity of any fluctuations. Additionally, we record how the patient describes their own mood, as well as any observations made by others about their emotional state.

- **Speech:**

In this section, we focus on the patient's ability to speak, express themselves, and communicate information effectively. We assess whether their speech is clear, understandable, and audible, and whether they are able to express their thoughts and feelings. We also pay attention to the patient's speech patterns, as these can offer valuable insights into their personality and how it is structured. By observing these patterns, we can identify potential signs of personality disorders or other psychological issues.

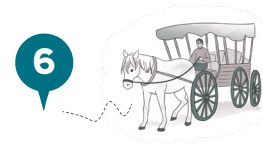


- **Perception of Time and Place, and Reality; Understanding Abnormal Phenomena:**

When assessing a patient's perception of reality, our goal is to determine whether their interpretation and description of the world around them are consistent with what is generally shared with others, or if there are signs that their judgment and perception might be impaired. This evaluation is crucial because it helps us distinguish between truly abnormal experiences, such as hallucinations or delusions, and misunderstandings or misinterpretations that may arise from other factors.

- **In Children:** It's important to remember that children's perceptions of reality are naturally different from those of adults due to their developmental stage. Young children often engage in imaginative play and may have difficulty distinguishing between fantasy and reality, which is generally normal for their age. However, if a child's fantastical explanations or beliefs persist beyond the typical age range, or if they exhibit a disconnection from reality in ways that are concerning; such as consistently reporting seeing things that aren't there or believing in supernatural abilities' it might indicate an underlying issue that requires attention. Additionally, a child's perception can be heavily influenced by their environment, such as experiencing trauma or stress, which can further complicate their grasp on reality.

- **In Adults:** For adults, a disconnection from reality is more concerning because it can indicate serious mental health issues, such as psychosis, severe anxiety, or certain personality disorders. An adult who struggles to accurately perceive time, place, or who offers bizarre explanations for events might be experiencing symptoms such as hallucinations or delusions. Unlike children, adults are generally expected to maintain a consistent and grounded perception of reality. Therefore, when significant impairments in this area are observed in adults, it often signals the need for immediate psychological or psychiatric intervention.



- **Stress and Perception:**

It's also important to assess whether the patient's disconnection from reality occurs frequently or mainly under stress.

- **In Children:** Stress can cause a child to regress to earlier developmental behaviours or create temporary distortions in their perception of reality. For example, a child might revert to believing in imaginary friends when under significant stress, which could serve as a coping mechanism.

- **In Adults:** In adults, stress can exacerbate existing mental health conditions or trigger episodes of disconnection from reality in individuals predisposed to certain disorders. An adult with a history of trauma might experience dissociation or flashbacks under stress, temporarily altering their perception of reality.

Understanding these nuances helps in forming an accurate diagnosis and determining the appropriate treatment path. For children, this might involve therapy focused on coping mechanisms and developmental support, while for adults, it might require more intensive psychiatric care, possibly including medication and specialized interventions.

In conclusion, assessing whether a patient's disconnection from reality occurs frequently or mainly under stress is vital. This understanding has significant implications for diagnosing personality disorders and other mental health conditions. For children, the focus may be on developmental concerns, whereas for adults, the emphasis might be on identifying and managing more severe psychiatric symptoms.

- **Suicide:**

In our assessments, we carefully observe whether the patient exhibits any suicidal tendencies, behaviours, or expresses a desire to end their life. If we identify any genuine signs of risk, it is crucial to address them with the utmost seriousness, following established patient protection protocols. In some cases, a doctor's intervention may be necessary to evaluate the severity of these indicators and to take steps to mitigate the risk. Additionally, we might need to involve other departments, such as the Ministry of Social Development or family counselors from relevant agencies, to provide comprehensive support.

Important Note:

The issue of suicide is extremely sensitive and must be handled with the highest level of professionalism and care. It requires the expertise of trained professionals. Therefore, if you have any concerns or doubts about the patient's safety or the safety of others, it is imperative to immediately communicate with your supervisor or direct manager and ensure that patient protection protocols are swiftly implemented.

- **Cognitive Abilities:**

We assess this part by considering the concerns raised by the parents, our own observations of the patient, or any indicators that suggest potential cognitive impairments. If we identify signs that point to issues with cognitive abilities, we refer the patient to other specialists, such as academic or developmental experts, to ensure a thorough assessment. This often includes referring the patient psychometric evaluation processes, such as the Wechsler Intelligence Scale for Children (WISC), to accurately evaluate their cognitive abilities and address the observed difficulties.

For instance, if a parent reports that their 8-year-old child is struggling significantly with schoolwork, frequently forgetting instructions, or has difficulty focusing, these could be indicators of cognitive challenges. During our observation, if we notice that the child has trouble following simple directions or appears to have a lower-than-expected attention span for their age, we would recommend a comprehensive assessment. This might involve referring the child for a WISC test to better understand their cognitive strengths and weaknesses. The results from this test would then guide any further interventions or support the child may need.

If no indicators of cognitive problems are observed, we simply note that there are no concerns in this area.

- **Insight:**

Insight is a complex ability that involves repeatedly thinking, analyzing, and making connections to deeply and clearly understand a situation. It allows a person to distinguish between causes and symptoms and to see beyond the

surface of events and behaviours. In this section, we assess the patient's depth of understanding regarding the problem they are facing, how they perceive it, and how they interpret their experiences.

The patient's level of insight is crucial because it helps us assess their readiness for more intensive psychological interventions and guides the direction of the treatment plan. By understanding the patient's level of insight, we can determine how to approach their treatment: whether to prepare them for deeper exploration or to work together on developing their insight further. The patient's level of insight also significantly influences the effectiveness of the treatment, its duration, and the lasting impact it can have.

In this section on insight, we document the patient's understanding of the problem they are facing, or at least parts of it.

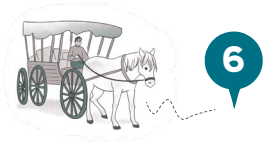
Important Note:

While Amal's notes on the information collection form may be brief, responses can be more detailed. This includes describing situations and experiences as the patient expresses and describes them, along with the specialist's observations and conclusions.

Multi-Source Evaluation:

After Amal finished filling out all sections of the information collection form, she decided to take a break to refocus before determining the next step. The evaluation process requires continuous mental effort, where one needs to pause, gather their thoughts, and carefully reconsider the details of the patient's case. Amal began to think that consulting with other specialists might be necessary to gain a more comprehensive understanding of Aseel's situation.

Once the information collection form is complete, the evaluation process begins. However, before diving into the evaluation, there is an additional section within the information collection form that applies to more complex cases: those that are harder to understand or have a broader scope. This section is known as the **multi-source evaluation**. It's used when the initial information gathering raises questions or concerns that require insights from multiple specialists.

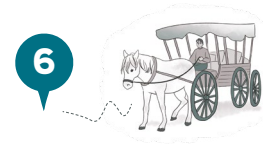


As mentioned in regards to developmental history, psychological evaluation through information gathering alone may not always be sufficient to fully understand the patient's problem. In such cases, the involvement of various specialists might be necessary. These specialists could include doctors (in general medicine, neurology, or psychiatry), academic experts, developmental specialists, occupational therapists, or speech and hearing therapists. Sometimes, a consultation with these specialists is needed to address specific questions that arise after meeting with the patient or their family. These consultations and evaluations provide additional perspectives and contribute to a more thorough and nuanced understanding of the patient's case.

The multi-source evaluation is also valuable in formulating comprehensive solutions. It helps to either support or refine the specialist's initial decisions, ultimately improving the quality of care provided to the patient. Following a multi-source evaluation, the patient may be referred for other forms of treatment or additional medical and specialized consultations. This process raises important questions about when and why to seek consultation from other sources.

Having input from other sources always enhances our understanding. Ideally, after the information-gathering session, the patient should be evaluated by a multidisciplinary team. However, when such resources are not available, it's essential to understand what each speciality can contribute and when to refer the patient. When we notice a problem or difficulty that impacts the patient's mental health or quality of daily life, recognizing this and referring the patient to the appropriate specialist is crucial.

For example, doctors can offer a comprehensive assessment of the patient's health through clinical examinations and biological tests, which is especially important when symptoms might have multiple causes. Abdominal pain, for instance, could stem from indigestion, a viral infection, or severe psychological stress, given that a large number of nerves in the abdomen are sensitive to psychological factors. Similarly, bedwetting could be related to psychological issues, but it might also be caused by physical conditions such as bladder relaxation or muscle weakness. Beyond diagnosing physical conditions, doctors also play a key role in monitoring the effects of medications or other substances on the body's hormones and brain neurotransmitters, which are central to a person's emotional state. They can detect these effects through the tests they conduct or recommend.



Educational Specialists

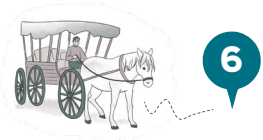
Academic specialists play a crucial role in evaluating a patient's academic performance and understanding how it might be connected to psychological factors, developmental conditions, or cognitive abilities. While their work often focuses on adolescents and children, they have a broader responsibility in communicating with parents and working within educational frameworks. They are called upon to intervene when significant academic difficulties arise, whether these challenges are impacting or are impacted by the patient's psychological state, or when a child's cognitive abilities do not align with what is expected for their age.

Occupational Therapists and Intervention for Sensory Processing Disorders (SPD)

Occupational therapists focus on helping patients develop, recover, or maintain the skills needed for daily living and working. A significant area of their work involves addressing sensory processing disorders (SPD).

Understanding Sensory Processing Disorders:

Sensory processing disorders occur when the brain has difficulty receiving and responding to information from the senses. This can result in hypersensitivity (over-reacting to sensory input) or hyposensitivity (under-reacting to sensory input). Children with SPD might struggle with certain textures, sounds, or lights, which can lead to anxiety, withdrawal, or disruptive behaviour as they attempt to cope with overwhelming or confusing stimuli.

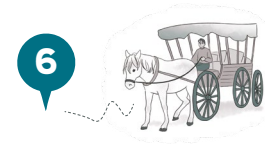


Assessment Questions for SPD:

To help identify potential sensory processing issues during psychological assessments, consider incorporating the following questions:

- Does the child show strong reactions to certain textures, sounds, or lights?
- Does the child avoid or seek out specific sensory experiences (e.g., avoiding touch, craving movement)?
- How does the child react to changes in routine or environment?
- Does the child have difficulty with fine motor tasks (e.g., buttoning clothes, holding a pencil)?
- Are there specific situations where the child becomes overly anxious, withdrawn, or aggressive without a clear cause?

Reflect on more symptoms of SPD and possible assessment leading questions:



Example from Amal's Experience with Youssef:

Amal worked with a young boy named Youssef who displayed extreme discomfort with certain clothing textures and loud noises. Initially, Youssef's parents thought he might have ADHD due to his restlessness and difficulty concentrating. However, Amal suspected that these behaviours were more indicative of sensory processing disorder (SPD) rather than ADHD. Through careful assessment, including questions focused on sensory responses, Amal was able to differentiate Youssef's sensory sensitivities from the symptoms typically associated with ADHD. This differentiation was crucial because the intervention strategies for SPD would focus on managing sensory inputs and helping Youssef adapt to his environment, rather than addressing hyperactivity or attention deficits.

Importance of Differentiating Overlapping Symptoms

Amal's experience with Youssef taught her that symptoms of SPD, ADHD, and trauma can overlap significantly. For example, Aseel displayed hypervigilance and anxiety after a traumatic event, which could be mistaken for ADHD or SPD. Understanding these overlaps is essential for psychologists during the assessment process because the correct diagnosis will lead to more effective and targeted interventions. In Youssef's case, focusing on SPD-specific strategies greatly improved his comfort and behaviour, whereas Aseel required trauma-focused therapy. This shows how different underlying causes can present with similar symptoms but require distinct treatment approaches.

Speech and Language Therapists (SLTs) and Emotional Regulation

Speech Disorders vs. Language Delays

Speech and language therapists (SLTs) specialize in diagnosing and treating communication disorders. It's essential to differentiate between speech disorders and language delays:

- **Speech Disorders**: These involve difficulties with producing sounds correctly or fluently (e.g., stuttering, articulation issues).

- **Language Delays**: These involve challenges with understanding or using language (e.g., difficulty forming sentences, impaired following of directions).

Impact on Emotional Regulation:

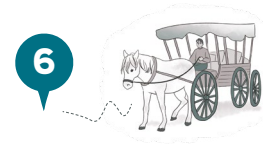
Language delays, in particular, can have a profound impact on a child's ability to regulate emotions. When a child struggles to find the words to express their feelings, it can lead to frustration, anxiety, and behavioural issues. The inability to articulate emotions can cause a child to feel misunderstood or isolated, which might manifest as tantrums, aggression, or withdrawal. As psychologists, it's essential to recognize that these behavioural symptoms may stem from underlying language delays rather than purely psychological issues.

Assessing Language and Emotional Regulation:

Incorporating questions related to language use in your assessments can help identify whether a child's behavioural issues are related to language delays:

- Does the child have difficulty expressing their emotions verbally?
- How does the child react when they are unable to communicate what they want or feel?
- Are there particular situations where the child becomes frustrated or anxious due to communication barriers?
- Has the child shown delayed speech milestones compared to peers?

Reflect on more symptoms of language delay and possible assessment leading questions:



Example from Amal's Experience:

In working with Youssef, Amal also considered whether language delays might be contributing to his behavioural challenges. Youssef's frustration often peaked during moments when he struggled to express himself clearly. Amal recognized that while some interventions focused on regulating Youssef's emotions, it was equally important to address any potential language delays. Helping Youssef improve his ability to communicate his feelings could significantly reduce his anxiety and improve his overall behaviour. This approach highlighted the importance of considering language development in the assessment process—focusing solely on behaviour regulation without addressing language skills might miss a key factor in the child's emotional well-being.

Understanding Behavioural Presentations

As psychologists, it's crucial to recognize that a child's behaviour might be a reflection of their difficulties with language or sensory processing. Behaviours such as aggression, withdrawal, or hyperactivity might not always be indicative of a psychological disorder but could be linked to the child's inability to communicate effectively or their struggle to process sensory information.

Integration with Psychological State

Both occupational therapists and SLTs play essential roles in supporting a patient's psychological state by addressing the underlying sensory and communication issues that contribute to emotional and behavioural challenges.

- **For Occupational Therapists:** By helping children manage sensory processing issues, occupational therapists reduce the stress and anxiety that can arise from sensory overload or deprivation. This, in turn, enhances the child's ability to participate in social and educational activities, contributing to their overall psychological well-being.

- **For SLTs**: Improving a child's ability to communicate through effective speech and language therapy can significantly boost their confidence, social interactions, and academic performance. Children who can clearly express their thoughts and understand others are less likely to experience the social isolation and frustration that often accompany communication disorders.

Example from Amal's Experience:

Amal often found that the children she worked with in her village faced multiple overlapping challenges. For instance, while Youssef's symptoms were related to sensory processing issues, his frustration also stemmed from language delays. Amal's ability to differentiate between these underlying issues was crucial in developing effective intervention plans tailored to Youssef's specific needs. This comprehensive approach ensured that all aspects of his emotional and psychological well-being were addressed, highlighting the importance of a thorough and nuanced assessment process.

In summary, while occupational therapists focus on helping children navigate sensory challenges, SLTs concentrate on enhancing their communication abilities. Both are integral to fostering a child's overall psychological well-being by addressing the specific challenges that can impede their emotional and social development. As psychologists, it's essential to assess these underlying issues thoroughly to ensure that the behavioural symptoms are not mistakenly attributed to other psychological conditions when they may be rooted in sensory processing difficulties, language delays, or trauma. Amal's experiences demonstrate the importance of a comprehensive assessment that considers all possible factors, ensuring that each child receives the most appropriate and effective intervention.

Station Seven: Toward Psychological Formulation

Reflection and Preparation

After several discussions with her colleagues at the centre, Amal returned from her break, sat at her desk, took a deep breath, and began untangling the complex threads of the child's story. She mentally retraced the child's journey, highlighting the critical indicators she had noticed, and prepared herself for one of the most crucial sections in the psychological evaluation process: describing and writing the psychological state.

Understanding the Description of the Psychological State

Imagine visiting a garden full of flowers for the first time. How would you describe it? You might begin by mentioning the garden's name and location, then move on to describe the vivid images that left an impression on you. Perhaps you'd talk about the colours of specific flowers, the time of day you visited: whether it was daylight or nighttime, which influenced how you perceived the place. You might also mention the weather, the temperature you felt, and how you got there and with whom. In the end, you would try to convey the memory, the image, and the mood of that place, either through storytelling or by taking a keepsake, such as picking a flower or snapping a picture. But is your description truly the essence of that place?

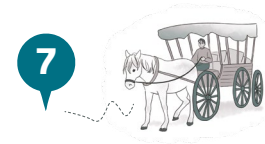
The Limitations of Perception

...To you, it might feel like it is the essence. But in reality, it's only a part of that place. You didn't see who planted those flowers, who nurtured them until they bloomed, or who owns them. You don't know under what conditions they grew. You might have seen the soil, but you don't know its properties, nor are you aware of the insects living among the flowers. Without observing or inquiring further, you wouldn't know what surrounds the garden.

The key here is to understand that our description is a projection of our own perspective, and to recognize that this description is never complete; it always requires further questions, deeper inquiries. The goal of this process is to convey information, an image, a feeling, an idea, or a state from one person to another.

The Process of Describing the Psychological State

In describing the psychological state, we aim to convey the details and translate them into psychological terms. In other words, to reframe the patient's experiences and circumstances in language that carries psychological meaning and implications. This involves retelling the patient's story using psychological terminology.

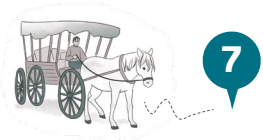


Piecing Together the Psychological Puzzle

The psychological state can be likened to a puzzle. You gather fragmented pieces through your questions, which are generally guided by the information collection form, in an attempt to assemble a complete picture, piece by piece. These pieces include what you've learned about the case, the stories the patient has shared, their emotional reflections, and their painful experiences. They also encompass their misunderstood feelings, behaviour patterns, and confused thoughts. These pieces reflect the dynamics and relationships in their life, as well as the physical, mental, and spiritual aspects of their existence. You might not be able to gather all the pieces, and in the end, there might be gaps in the picture. But even with those gaps, you can still grasp an understanding of its parts.

The Complexity of Psychological Formulation

Describing the psychological state is a complex process that demands continuous mental effort; an effort to remember, interpret, and connect the dots. It requires the psychologist to develop their ability to reflect on themselves (self-awareness) and their ability to understand others (mentalization). To describe the psychological state, one must examine several aspects of the information collected, starting with the complaint brought forth by the patient or their family and how this complaint impacts the patient's life or the lives of those around them. It involves considering the symptoms, understanding them, and then interpreting them. Amal structured this process narratively, using psychological terms, and carefully wrote it down.



Training Space: We formulate the psychological state of the patient by describing the patient and telling their story, then refining and writing it down. We invite you to practice this process for Aseel's case, as follows:

- **How would you describe the patient? What is her story?**

- **Refinement and written account:**

Station Eight:
The Psychological Formulation and Treatment Plan

Amal's Reflection on the Psychological State

After careful consideration and discussions with her colleagues, Amal sat down to write the psychological state for Aseel. She revisited the child's story, noting the critical indicators she had observed. The process of describing the psychological state is a pivotal part of the psychological evaluation, where the experiences and symptoms are translated into meaningful psychological terms.

Describing the Psychological State

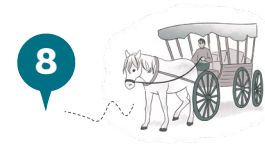
Amal began by documenting:

"The child experienced a traumatic event when soldiers invaded her home, which led to social withdrawal and regression to earlier developmental stages. This was manifested in her extreme attachment to her primary caregiver, which directly affected her ability to separate. The child is at a developmental stage where children of her age typically experience anxiety about death. This anxiety, which was triggered by the home invasion, the assault on her father, and the arrest of her brother, impacts her view of life and her perception of safety. This sense of safety had already been undermined by the gap in her relationship with her father, coupled with the lack of an adequately supportive environment, as the mother is overwhelmed with household needs and the father is absent most of the time. This increases her anxiety about the course of life and the psychological reflections that emerge from her inner world. It is confirmed that the child faced separation difficulties during her school entry period."

Understanding the Psychological Impact

Experiencing an event such as soldiers invading one's home is far from ordinary. Even if such incidents happen frequently in some regions, the home represents a deep-seated symbol of safety and security. This sense of safety, passed down through generations, allows a person to set aside anxiety and find peace within the walls of their home. The transition from living in the wild to living within the protective boundaries of a home has been a significant factor in the psychological development of humans throughout history.

In Aseel's case, this traumatic event was a profound breach of her internal world by external forces. The extent of the psychological impact depends on the individual's preparedness and the support they receive afterward. Symptoms can vary based on cumulative experiences and the individual's psychological and physiological readiness to cope and adapt.



The Role of Description in Diagnosis

While it might be tempting to label Aseel's experience as trauma, Amal understood that her role in describing the psychological state was not only to diagnose but to provide a comprehensive narrative. Describing the psychological state will help to capture the details and translating them into psychological language, which will later aid in diagnosis. However, the diagnosis itself is a separate process that requires its own methods and approaches, which will be discussed further in other stages of Aseel's treatment.

Interpreting the Psychological Defense Mechanisms

When soldiers invaded Aseel's home, the fundamental symbols of safety were shattered. As a result, the external world became an unsafe and threatening place, leading Aseel to withdraw into herself. This emotional retreat manifested as regression, where Aseel reverted to earlier developmental behaviours in an attempt to recapture the safety and warmth she once felt. Regression is a psychological defence mechanism that the psyche employs to protect itself by seeking comfort in familiar, previously safe experiences.

The Importance of a Supportive Environment

A supportive environment is crucial for coping with difficulties and facing crises. Human relationships are the foundation of psychological structure, beginning with the primary caregiver and extending to others in the individual's life. These relationships create symbols of comfort, protection, and safety. For Aseel, the absence of a strong supportive environment due to her father's absence and her mother's preoccupation with household duties exacerbated her anxiety and hindered her psychological development. The lack of parental support during her school entry period further intensified her separation anxiety and her fear of loss.

Relating Developmental Theories to Aseel's Case

As individuals develop, they pass through stages marked by distinct psychological challenges. Erik Erikson (1963) highlights the conflict between separation and initiative children typically encounter when they start school. In Aseel's case, her trauma from a home invasion has left her stuck, unable to move past her intense fears of loss and death. This disruption in her developmental progress

has been further complicated by her parents' reactions. Both parents, trying to quickly overcome their grief after their son was imprisoned, have become less available to offer her the support and comfort she needs. Their behaviour, likely modelling a threat reaction to the traumatic event, suggests to Aseel that her own fears should be suppressed rather than addressed. This lack of a secure and supportive environment has significantly delayed her psychological maturity and ability to cope with her fears effectively.

The Treatment Plan

Creating a Treatment Plan

Once Amal had developed a comprehensive understanding of Aseel's psychological state, she moved on to the final part of the evaluation process: creating the treatment plan. The treatment plan is typically based on general psychological themes that the specialist identifies, which serve as a guide for the therapeutic journey. The plan is intentionally broad because the therapeutic process is dynamic and often leads to new discoveries that require attention.

Importance of Accurate Problem Definition

A clear and precise understanding of the problem is essential for setting appropriate therapeutic goals. These goals should be collaboratively established with the patient or their family and should be tailored to the individual's life circumstances. The treatment plan may involve broad strategies or specific interventions, such as referrals to other specialists or the inclusion of therapeutic tools. For example, cases of severe depression might require medication, while speech difficulties may necessitate speech and hearing therapy, and ADHD might require occupational therapy.

Focusing on Relational Experience

Amal recognized the gaps in Aseel's support system and chose to enhance her relational experiences as a core part of therapy. Starting with the foundational goal of building a safe, understanding connection, the sessions are designed to let Aseel process her experiences in a secure environment. This initial phase sets the stage for gradually addressing the traumatic events and empowering Aseel to explore and express her emotions freely. To address the disruption in

safety signals from her parents, the therapy plan also includes parental guidance sessions. These sessions are aimed at helping Aseel's parents attune to her emotional needs and foster a supportive family environment. By encouraging meaningful father-daughter interactions, the plan seeks to strengthen their bond and ensure Aseel feels safe and valued.

The Treatment Plan Outline

Amal outlined the treatment plan as follows:

- Build a Relationship with the Child: Create an environment that helps Aseel understand life events and her internal world.

- Work Through the Traumatic Event: Address and process the trauma of the home invasion.

- Enhance Self-Discovery and Expression: Improve Aseel's abilities in understanding herself and expressing her emotions.

- Parental Guidance Sessions: Educate the parents about Aseel's needs, their emotional roles, and how to foster a supportive relationship, particularly with her father.

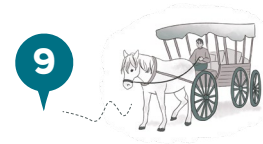
Summary and Considerations

Amal's approach to formulating Aseel's psychological state and treatment plan highlights the importance of understanding the complex interplay between external events, internal psychological processes, and the individual's developmental stage. By focusing on the relational and developmental aspects of Aseel's experience, Amal was able to create a targeted treatment plan that addressed the root causes of her anxiety and provided a path for healing and growth.

This structured approach to psychological formulation and treatment planning is essential for providing effective and compassionate care, ensuring that the interventions are not only based on symptoms but also on a deep understanding of the individual's psychological profile.

Station Nine: The Evaluation Process- A Journey of Discovery (Conclusion)

The evaluation process involves more than simply collecting information, noting symptoms, and addressing them. It is a journey of discovery, filled with sustained effort to understand the patient deeply. This journey involves complex processes of listening, thinking, interpreting, and making decisions, each contributing to a holistic understanding of the patient.



Effective Listening: The First Key

Effective listening is the first key to gathering meaningful information. By "effective," we refer to the psychologist's ability to create a conversation that encourages the patient to share openly. This involves asking the right questions at the right times, which can prompt the patient to clarify their thoughts and feelings. The second key is our ability to understand how this information will help us support the patient, and how to organize it within our psychological model. The model serves as a framework to gather comprehensive information and structure it effectively.

Interpreting Information: A Skill Developed Over Time

The ability to interpret information accurately is a skill that grows with continuous clinical practice and is strengthened by repeated experiences. This skill also develops through self-reflection and the growth of our professional identity as psychologists. This growth is nurtured by learning psychological theories and engaging in continuous reading across various levels of psychological science. To reach a deeper understanding, we must first explore the surface, gradually diving deeper into the complexities of the human mind.

The Fluid Nature of the Evaluation Process

While the evaluation process may seem structured, with organized foundations and sequences, it is, in reality, a broader journey that takes various forms. These forms are influenced by the personalities of the patients, their emotional and mental states, and their social backgrounds. As psychologists, we must be adaptable, considering these factors and adjusting our approach accordingly. For example, when patients are burdened with difficulties that constrain their psychological space, we should avoid overwhelming them with questions. In the case of Umm Tamer, life had weighed heavily on her, and our questions might have added to that burden. It would have been more appropriate to ease the intensity of questioning, allowing her more space to express her feelings and thoughts freely, while validating her experiences.

Communicating in an Accessible Language

It is crucial that we communicate in language that the patient understands, one that matches their educational level and mental capacity. Avoiding complex psychological terms that may be difficult for the patient to grasp is essential. Instead, we should strive to simplify these terms so that the patient can easily digest and understand them, ensuring that our communication is clear and supportive.

The Influence of Context and Cultural Factors

Context and cultural factors play a significant role in shaping the evaluation process and the gathering of information. This begins with the patient's experience of exposure, especially during the initial session. The sensitivity surrounding secrecy and privacy often takes on a different dimension, influenced by our social and cultural heritage. Cultural beliefs, such as the notion that admitting pain is a sign of weakness or that complaining is humiliating, can restrict a patient's willingness to share. These beliefs, along with gender dynamics, can limit participation in the evaluation process. For instance, in a conservative society, a female patient may feel uncomfortable sharing certain difficulties with a male psychologist, or a male patient might prefer to confide in a male therapist.

Adapting the Evaluation Process

The evaluation and information-gathering process is therefore not fixed; it is adaptable and can change based on countless factors. Such factors can either facilitate or limit the process. As psychologists, our goal is to navigate these complexities to answer important questions that lead to the provision of quality services to our patients. By deeply understanding the information and details we obtain, connecting and interpreting this information, we can create an appropriate plan to assist patients in overcoming their problems.

Intake Form

* Name:_____ Age:_____ Specialist:_____

* Main Complaint: _____
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* Reason for Referral: _____
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_____

* Family's point of view on the complaint / awareness of the therapy: _____
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* Beneficiary's point of view on the complaint / awareness of the therapy: _____
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* Family History: _____

* Medical and Psychological History: _____

* Family Structure, Division of Duties, Dynamics of Relationships: _____

* Point of view of the beneficiary of the relationship inside the family: _____

* Developmental History: _____

* Social Relationships: _____

* Work and Education: _____
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* Special Difficulties Inside the Household/Family: _____
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* Appearance and General Behaviour: _____
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* Mood: _____
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* Speech: _____
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* Mental Abilities: _____
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* Cognition of Reality: _____
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* Unusual Thoughts or Phenomena: _____
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* Insight: _____
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* Psychological Condition: _____
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* Communication with external parties / Eco Map: _____
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* Information to be checked: _____

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* Therapeutic Experiences or Previous Assistants: _____

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* Do you want the beneficiary to receive treatment?

* ☐ Yes ☐ No Why? _____

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* Recommendations:

	Recommendations	Yes	No	Reason
1	The need for psychiatric care			
2	The need for a psychotherapeutic diagnosis			
3	The need for external referral			

* Type of Therapy: _____
_____
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_____
_____

Occupational Therapy -5 Couple Therapy - 4 Family Therapy - 3 Psychotherapy - 2 CBT - 1
Other -10 Recreation -9 Psychiatrist -8 Group Therapy -7 Special Education -6

* Therapeutic Plan: _____

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Signature of Therapist / Date_____

* Diagnosis of Psychological Situation: _____

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* Doctor's Diagnosis: _____

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_____ Signature of Doctor / Date_____

	0	1	2	3	4	Notes
Need for treatment						
Appropriate for students/ volunteers to watch						
Appropriate to present the case to the team						

* Participants in this Assessment:

Therapist	Position

* Notes: _____

_____

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_____

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_____

Chapter 5

The Village of Beit Baseera

Psycho-diagnostic Insights Through Context

Why was the village named Beit Baseera?

The village was named Beit Baseera because the diagnostic process originates from the insight and knowledge of the specialist, and their ability to organize, derive, and extract this knowledge from their "house," which is the specialist's mind and memory. This naming originates from the essence of the diagnostician's mind, encompassing their insight, knowledge, and experience.

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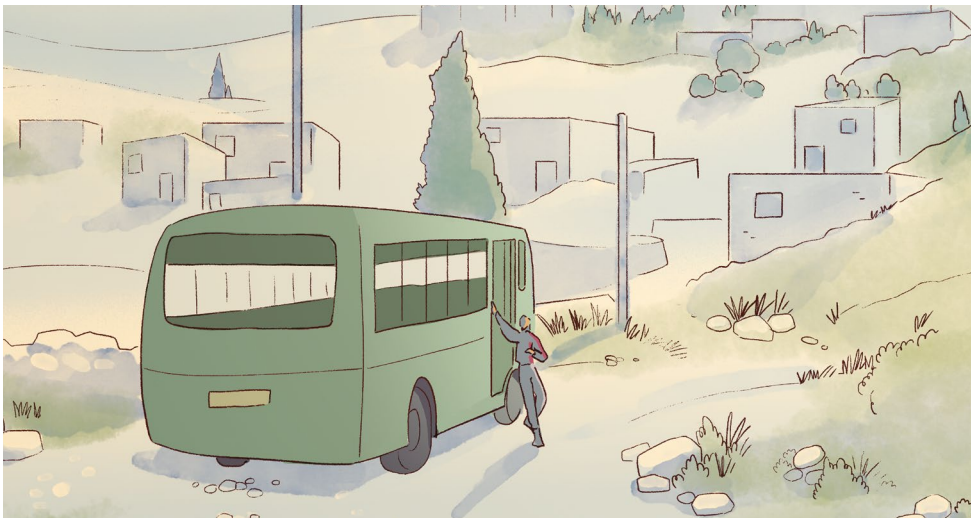
Station 1: The House of Insight

Omar sat in the bus, looking out of the window as the villages passed by, each one with its stories buried deep in the cracks of old stone houses. His destination was the village of Beit Baseera, a place that resonated with history and resistance. He had been here before, but never in this capacity. Today, he was returning as a psychologist, tasked with diagnosing children in a village deeply marked by its history, a place where generations of narratives influenced the lives and perceptions of its residents

The village name intrigued him: Beit Baseera. "Baseera" in Arabic means insight, a deep understanding beyond what the eyes can see. The name "Beit Baseera" served as more than a literal designation; it embodied a metaphor reflecting deep insight. Omar reflected on how the process of diagnosis, too, was like seeking insight. As a psychologist, he understood that his work demanded clinical knowledge, complemented by a nuanced blend of observation, intuition, and a profound understanding of the individual within their context.



As the bus travelled deeper into the valleys, it suddenly stuttered and stopped. The driver announced that the bus had broken down and needed repairs. As the passengers began to get off, Omar noticed a group of children gathered near the bus. One of the children, a young boy with hands covered in dirt and a determined look in his eyes, was crouching down by the engine with his father. They began inspecting the bus, quietly discussing what might have caused the breakdown.

The father pointed to the engine, explaining something to the boy about a loose wire. The boy listened carefully, then began to assist, handing his father the tools he needed. Omar watched with interest as the father and son worked together, testing, diagnosing, and slowly working toward a solution.

Omar smiled to himself. This, too, was a diagnostic process: identifying the problem, gathering information, trying solutions, and observing the results. Diagnosis was not limited to clinical settings and psychological assessments; it extended into practical contexts, such as addressing everyday challenges and interpreting children's psychological states.

As the boy and his father finished their repair, the bus engine started up again. The boy looked up at his father with pride, and his father tousled his hair. Omar thought about how this moment mirrored the work he would soon do in Beit Baseera—piecing together the puzzle of each child's struggles, using the tools he had, and drawing from the insight the community itself offered.

This brief moment reinforced something Omar already knew: diagnosis is more than applying tests or following manuals. It is also about observation, intuition, and understanding the context in which problems occur. Just as the boy had carefully observed his father's actions and applied what he learned to fix the bus, Omar would need to carefully observe the children and families in Beit Baseera to understand their challenges and help them find a path forward.

Reflection Exercise 1:

- Objective: To reflect on the role of intuition and insight in diagnosis.

- Exercise: Imagine you are a psychologist arriving at a new village, much like Omar. The village is entirely unfamiliar to you. Write a short reflection (200-300 words) on how you would balance your clinical knowledge with your observations of the people and environment. What questions would you ask yourself about the cultural context? How would you ensure that your insights are shaped by both evidence and intuition?

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Station 2: The Language of Pain

After arriving in Beit Baseera, Omar was greeted by the village's familiar sights: the stone houses, the winding paths, and the quiet strength that lived in the air. As he made his way through the village toward the school, he couldn't help but think about the language the people here spoke—not just Arabic, but the language of pain, survival, and endurance.

Language transcends communication, influencing the expression of emotions, fears, and traumas. Omar consistently observed that a single word, phrase, or gesture often revealed deeper truths than standard tests could capture. He considered the limitations of widely used diagnostic tools such as the DSM-5 or ICD-11, noting their lack of nuance when interpreted across different cultural contexts.

In the clinical world, diagnosis relied on carefully crafted questions and established criteria. However, Omar knew that when working with children in this village, he would need to look beyond those frameworks. The children of Beit Baseera carried with them the history of occupation and displacement. Their symptoms would not always fit neatly into Western models of psychological distress.

As Omar approached the school, he was reminded of a conversation he once had with a colleague about how psychological terms often didn't translate well into Arabic. For example, "depression" in Western cultures is often used clinically, linked to specific diagnostic criteria. But here, in Beit Baseera, sadness wasn't always called "depression." It was often expressed through physical complaints, a headache, or a sense of fatigue—what psychologists call **somatization**. In Arabic, people might say "ana ta'ban" (I am tired) to express emotional exhaustion, where in Western contexts, they might say "I feel depressed."

These differences extended beyond linguistics, embodying broader cultural understandings of mental health. Western diagnostic tools frequently overlooked these subtleties, leading to interpretations of symptoms that failed to contain the full experiences of individuals in places such as Beit Baseera.

As he entered the school and greeted the principal, Omar thought of how he would approach his work today. He needed to adapt. He needed to be sensitive not just to what the children said but how they said it. He needed to understand the cultural weight behind their words.

The principal greeted Omar warmly and explained that the school was small, but it held great importance to the village. However, the children here were constantly exposed to military drills, the sounds of gunfire, and the sight of armoured vehicles. The school itself had been rebuilt several times after being partially destroyed by occupation forces. For the children, this was "normal." But how could "normalcy" in such a context affect their minds, their emotions?

The principal introduced Omar to three children who were struggling: **Ahmad, Khaled, and Issa**. As the principal spoke, Omar noticed that he, too, used language carefully, cautiously. The principal didn't speak of the children as "troubled" but as "quiet," "distracted," or "energetic." Omar knew these were softened ways of talking about emotional and psychological pain without naming it directly.

In Western contexts, children who struggled like Ahmad, Khaled, and Issa might have been quickly labelled with terms like PTSD, ADHD, or a learning disorder. Here, the depth of Omar's approach was crucial. Beyond psychometric tests and structured interviews, he needed to comprehend the broader narrative; the children's symptoms intertwined with the village's collective trauma.

Ahmad: The Silent Witness

Omar's first visit was to Ahmad's home. Ahmad, a quiet 10-year-old, had withdrawn from his family and friends over the past few years. His mother described him as once being full of energy, always playing and laughing with his brothers. After a series of traumatic events, including his brother's arrest and his sister's accident, Ahmad had become a shadow of his former self.

When Omar asked Ahmad's mother if her son had experienced anything traumatic, she hesitated. *"Not really,"* she said, *"nothing has happened directly to him."* But as she recounted the events that had unfolded around him, his sister falling off the roof, his brother being taken by the military, Omar realized that Ahmad had been a witness to trauma, even if he hadn't been the direct target.

Here, too, language played a role. Ahmad's mother didn't use the word "trauma." She spoke of "sadness" and "worry." In this village, trauma wasn't always recognized as a psychological condition; it was simply part of life. Omar understood that Ahmad's symptoms didn't need to meet the full criteria for PTSD to be taken seriously. In a place like Beit Baseera, witnessing the suffering of loved ones could be just as damaging as experiencing violence firsthand.

Khaled: The Angry Child

Khaled, another child Omar was to evaluate, was quick to anger. His mother explained that he had difficulty following instructions, often cursing and hitting objects when frustrated. Omar immediately suspected that Khaled might be dealing with a learning disorder or perhaps ADHD.

But again, language revealed more than any test could. Khaled's mother didn't describe her son as "hyperactive" or "defiant." She used words like "stubborn" and "frustrated." These terms carried a different cultural weight. Khaled's behaviour wasn't just seen as a problem to be fixed, it was seen as a part of his personality, something to be endured.

Omar thought about how Khaled's difficulty in following instructions could be linked to something deeper, perhaps a developmental issue, perhaps the frustration of living in a world where following the rules didn't always make sense. The occupation had disrupted Khaled's world, making simple tasks feel meaningless. What could a psychometric test tell Omar about that?

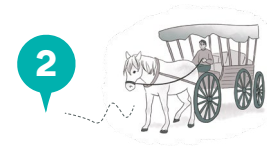
Issa: The Hyperactive Dreamer

Finally, there was Issa, a child full of energy, always talking, always moving. His mother said he couldn't sit still for more than a few minutes. In the classroom, he was constantly interrupting the teacher and talking over his peers.

Issa's behaviour might easily be classified as ADHD in any other context. Omar knew that there was more to it. Issa might be hyperactive, but also he was trying to express something. In his constant movement, in his endless chatter, there was a story waiting to be told. Issa's mind was racing, but it wasn't clear where it was going.

In all three cases, Omar understood that the traditional tools of Western psychology were insufficient. The language spoken by the children and their families did more than catalogue symptoms; it voiced the lived experiences of occupation. Terms such as "sadness,' "frustration," and "energy" took on significant meanings within this village, serving as markers of enduring strength and the ongoing battle for survival, rather than indicating psychological distress.

Omar knew that to diagnose these children, he would need to listen carefully, even to what wasn't said. The silence in Ahmad's home, the frustration in Khaled's eyes, the endless movement in Issa's small body—these were all forms of communication. While diagnosing them, Omar would need to find a way to translate their experiences into a language that both honoured their reality and provided a path forward for healing.



Reflection Exercise 2:

- Objective: To explore the impact of language and cultural expressions on diagnosis.

- Exercise: Reflect on how different cultures express emotional distress. Think about how you would adapt standard diagnostic tools for a different cultural or linguistic context. Can you identify specific expressions or phrases in another language (or your own) that might not directly translate into common psychological terms like "depression" or "anxiety"? Write 200 words on how language shapes our understanding of psychological conditions.

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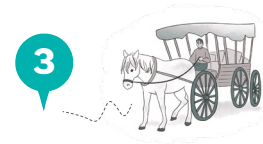
Station 3: The Toolbox

When Omar returned from his walk and interviews with the children's families, he sat down at his desk in the small room allocated to him at the village council. The weight of their stories settled on his shoulders. He began to think about the tools he would need to untangle the complexities of the cases he was facing. The psychologist's toolbox includes a diverse set of mental and emotional strategies, theories, and methods, each selected to align with the unique background, circumstances, and needs of the individual.



A Narrative of Tools

Omar reached for his notebook and started writing down tools that came to mind. These weren't ordinary cases, these were children living under occupation, witnessing events that many adults could hardly imagine. He realized that while tools were essential, they alone weren't enough. The surrounding context was just as important. How could he apply his clinical training in a way that honoured these children's realities, children who lived through raids, military detentions, and constant threats?

He divided his thoughts into three main categories of tools:

- Cognitive and Developmental Assessments

- Questionnaires and Psychometric Tests

- Projective and Cultural and Context Considerations

Each category would play a role in the diagnostic process, but the challenge was in adapting these tools to the children's lived experiences, rather than applying them as rigid frameworks.

Cognitive and Developmental Assessments

Starting with **Ahmad**, the boy who had withdrawn after witnessing his brother's arrest and his sister's accident, Omar thought about the importance of cognitive and emotional development assessments. These could help understand how Ahmad's experiences were shaping his current behaviour.

However, the cognitive tools at Omar's disposal, such as the Wechsler Intelligence Scale for Children (WISC), were built for Western contexts. They measured abilities such as vocabulary, problem-solving, and memory, but they didn't account for trauma's impact on these skills. Ahmad's quietness might easily be misinterpreted as a developmental delay when, in reality, it could be his way of coping with the pain and fear he had witnessed. Omar had to be cautious not to let the results lead him down the wrong path of diagnosis.

Developmental checklists could provide valuable insights, but they often missed the emotional depth needed for children growing up in this context. Omar's responsibilities included collecting data and analysing it, taking into account the cultural context to accurately assess each situation.

Questionnaires and Psychometric Tests

When Omar thought about **Khaled**, the boy prone to anger and defiance, his mind turned to behavioural assessments such as the **Conners Rating Scale for ADHD**. These psychometric tools could give him a clearer picture of Khaled's struggles. Yet, Omar was aware that these tests were designed with different contexts in mind, where children led more stable lives.

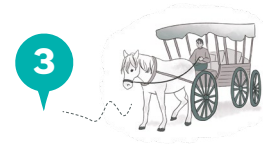
The environment Khaled was growing up in, marked by military occupation and daily threats, was bound to influence his behaviour. Could these tools really capture the nuances of a child who was constantly on edge? Omar realized that the results might not fully reflect the complexity of Khaled's emotional situation.

And then there was the issue of **language**. Arabic, with its depth and nuance, often didn't align perfectly with the structure of Western diagnostic tools. Words such as "aggression" or "defiance" carried different cultural meanings, and the children's responses could easily be skewed by how questions were phrased. Omar reminded himself that translation meant conveying meaning clearly for children.

Projective and Cultural Considerations

For **Issa**, the talkative and hyperactive child, Omar considered turning to **projective tests** such as the **Rorschach Inkblot Test** or the **Children's Apperception Test (CAT)**. These tests had the advantage of being less structured, allowing children to project their inner emotions onto ambiguous stimuli. This could be especially useful in Issa's case, where his energy and inability to sit still might mask deeper emotional struggles.

But even with these tests, cultural relevance was key. Omar knew that symbols and images from a different cultural context might not resonate with Issa. A child raised in Beit Baseera would likely interpret stimuli differently than a child from a Western city. Omar also considered incorporating **storytelling**, which was deeply embedded in Arabic culture. Asking Issa to narrate his own stories could reveal as much, if not more, about his emotional state as any formal test.



Applying the Tools with Sensitivity

Reflecting on the tools in his mental toolbox, Omar knew that no single test or assessment would give him a complete picture. Understanding these children involved more than simply collecting data; it meant delving into the effects of their cultural and environmental contexts on their behaviour. Omar's training provided him with various psychological tools, which he recognized needed careful adaptation and thoughtful application to yield meaningful insights.

His clinical training had taught him about the importance of **differential diagnosis**, the process of ruling out disorders by carefully weighing all possible options. But here, in Beit Baseera, this was even more complex. The process required an understanding of each child's individual experiences.

Navigating the Ethical Terrain

Omar understood that every diagnosis he made would carry significant weight. A label could define how a child was viewed by others and even by themselves. It could open doors for support or close them off. He recognized the ethical considerations inherent in the diagnostic process. It was imperative to approach these cases without reducing the children's experiences to symptoms alone, but instead to utilize diagnosis as a means to support their development and recovery.

Omar reminded himself that the objective was to understand them. This involved recognizing their individual experiences and unique responses to trauma in order to identify appropriate strategies for supporting them as they managed challenging circumstances.

Reflection Exercise 3:

- Objective: To reflect on the diagnostic tools and their relevance to the context.

- Exercise: Omar has a range of tools at his disposal, from cognitive assessments to psychometric tests. How do you think the context of a village such as Beit Baseera shapes the effectiveness of these tools? Create a table of three diagnostic tools you've learned about, noting their strengths, weaknesses, and how you might adapt them for use in a context of occupation or displacement.

Tools	Strengths	Weaknesses	Adaptation to the Context

Station 4: Administering the Tests

Omar set up in a quiet corner of the local community centre for his assessments. Today, he would work closely with Ahmad, Khaled, and Issa, using both structured and projective psychological tests to explore their thoughts and feelings.

Preparing the Space

Omar knew the importance of environmental context. He rearranged the space to feel familiar and safe to the children, incorporating elements they recognized from daily life: a few potted plants similar to those seen in local gardens, and artwork that mirrored the patterns of local textiles. This attention to detail was crucial in making the children feel at ease, bridging the gap between a formal testing environment and their everyday lives.

Ahmad's Session

First was Ahmad. Omar started with the Wechsler Intelligence Scale for Children (WISC), which would help assess Ahmad's cognitive capabilities and areas where he might be struggling. As he guided Ahmad through the tasks, Omar noted the boy's hesitance and the moments he seemed to retreat into himself. When shifting to the projective tests, Omar chose the Children's Apperception Test (CAT), which utilized images that were familiar and culturally resonant, asking Ahmad to tell stories about what he saw. This test does not have correct answers; it explores Ahmad's fears, dreams, and imagination instead..

Khaled's Turn

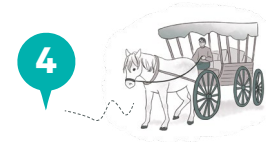
Khaled was next, his energy palpable the moment he entered the room. For him, Omar used the Conners Rating Scale, observing how Khaled handled instructions and structured activities. His quick temper was evident, but Omar looked deeper, watching how Khaled's frustration grew from impatience to outbursts. The Rorschach Inkblot Test followed, providing a contrast to the structured tasks. Khaled's interpretations of the inkblots offered Omar insights into the boy's emotional world, glimpses of the vulnerabilities hidden beneath his aggressive exterior.

Understanding Issa

Issa's boundless energy needed a different approach. The assessment began with tasks from the ADHD Rating Scale, which helped Omar understand the extent of Issa's impulsivity and attention challenges. As Issa fidgeted, Omar introduced the projective Rorschach test, which seemed to captivate him. The inkblots, with their open-ended nature, allowed Issa to slow down, think, and express his thoughts in bursts of creativity. Through Issa's responses, Omar learned of the boy's perpetual need to speak and move, a possible reflection of underlying anxieties.

Reflective Moments

Between sessions, Omar reflected on his observations. He took notes not only on the children's responses but on their body language, their hesitations, their bursts of emotion. These subtleties were crucial for understanding how each child coped with their environment. Omar was acutely aware that each test,



each question, needed to be framed in a way that resonated with the children's experiences, using language and metaphors that were part of their everyday lives.

Crafting an Integrated Approach

The day's assessments were just the beginning. Omar knew that interpreting these tests required a nuanced understanding of psychological theory, clinical expertise, and, most importantly, cultural context. He planned to integrate his findings with the historical and social backdrop of Beit Baseera, ensuring his diagnostic conclusions respected the children's realities and provided meaningful paths for support and healing.

Through his careful and context-sensitive approach, Omar gathered valuable diagnostic information and reinforced his role as a trusted figure in the village. His ability to integrate the clinical with the cultural showcased his commitment to providing psychological care that was both effective and empathetic.

Reflection Exercise 4:

- Objective: To reflect on the process of administering tests.

- Exercise: Imagine you are Omar and you are testing Ahmad, Khaled, and Issa. For each child, reflect on how you would adapt your approach to administering the tests based on their background and context. Would you rely more on structured or projective tests, and why? How would you adjust your interaction with each child during the testing process?

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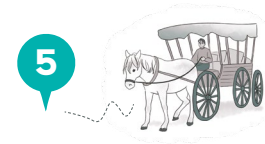
Station 5: A Window into the Mind

Having completed the administration of tests, Omar settled into the room prepared for him to delve deeper into the results for Ahmad, Khaled, and Issa. Omar approached each child as an individual, considering the specific circumstances of Beit Baseera, including factors such as ongoing occupation and trauma. He incorporated this context into his analysis while interpreting the test results.

He meticulously reviewed each test's findings: the structured Wechsler Intelligence Scale for Children (WISC) assessed cognitive abilities, the Conners Rating Scale provided behavioural assessments, and the CAT and Rorschach Inkblot Test offered glimpses into their subconscious minds. While aware that these tools were not specifically tailored for children from environments like Beit Baseera, Omar knew they could yield valuable insights when interpreted with discernment and an understanding of the children's cultural context.



Ahmad: Silent Reflection, Hidden Depths

Starting with Ahmad, the quiet child who had withdrawn into himself, Omar opted to use cognitive and developmental tools. Ahmad had witnessed his brother's arrest and his sister's accident: traumas that ran deep but were rarely voiced. The results of the **WISC** showed that cognitively, Ahmad was as capable as his peers. His scores on problem-solving and vocabulary were within the normal range, but Omar knew that these results were only part of the picture.

Ahmad's silence wasn't a sign of developmental delay. Rather, it was a coping mechanism, a way to retreat from the chaotic world outside his home. In the traditional setting of a clinical evaluation, Ahmad might have been misdiagnosed as having a developmental disorder. But Omar, with his understanding of Beit Baseera's harsh realities, could see that Ahmad's symptoms were rooted in emotional trauma, not cognitive impairment.

Omar also applied the **Rorschach Inkblot Test**. While Ahmad's responses to the inkblots were minimal, they provided a glimpse into his internal world. His interpretations were vague and distant, reflecting his emotional withdrawal. Instead of pressing Ahmad for answers, Omar used this test as a way to understand the depth of the boy's inner turmoil, respecting the boundaries that Ahmad had set up for himself.

Khaled: The Battle Within

Next was Khaled, the child who expressed his frustration through anger. His mother described him as quick to rage, often lashing out at objects or people when overwhelmed. The **Conners Rating Scale** for ADHD helped Omar to structure Khaled's behavioural challenges, but again, the context in which Khaled lived added complexity. His anger wasn't only the result of hyperactivity or defiance, it was the product of a child growing up in an environment where safety was always in question.

As Omar administered the Rorschach Test and the Children's Apperception Test (CAT) to Khaled, his responses were insightful. In the Rorschach Test, where some might see butterflies or common patterns, Khaled perceived scenes of explosions and faces shouting, indicative of his internal turmoil. During the

CAT, which uses pictures of animals to prompt stories, Khaled narrated tales of confrontation and escape. These narratives, filled with themes of survival and struggle, emphasized his constant alertness and anxiety.

These projective responses, rich with themes of conflict and adaptation, vividly captured Khaled's internal state. While such reactions might be classified as conduct disorder or oppositional defiant disorder in more typical settings, Omar recognized them as natural adaptations to the ongoing threats of military presence and displacement in Beit Baseera.

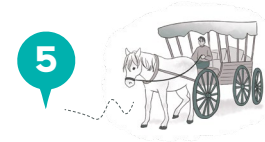
The **Conners Rating Scale** confirmed Khaled's difficulties with attention and impulsivity, but Omar knew that these symptoms were compounded by the stress of his daily life. The test results provided important data, but they had to be interpreted through the lens of a child living in constant fear.

Issa: A Restless Mind, Searching for Stability

Issa, the hyperactive child, was next. His energy seemed boundless, and he often interrupted others or rushed between activities without completing any of them. His mother was concerned, describing him as *"always moving"* and "*never able to sit still.*" Omar suspected ADHD, but he also knew that hyperactivity could manifest differently in different cultural contexts.

Employing the **Conners Rating Scale**, Omar identified traits of impulsivity and difficulties in maintaining focus in Issa's behaviour. Recognizing the complexities of Issa's actions, Omar interpreted these not only as potential symptoms of attention deficit but also as Issa's strategies to cope with his unpredictable environment. His never ending motion and continuous talking served as his ways to impose some order where there was little.

Omar carefully used the **Rorschach Test** with Issa, recognizing that the inkblots were not culturally specific. Issa's responses were lively but spread out, filled with fantastical images that mirrored his boundless energy. He didn't project fear or anger in the same way that Khaled had; instead, his responses suggested a child who was overwhelmed by the sheer volume of stimuli in his environment, searching for order in a disorderly world.



Integrating the Results: Cultural Sensitivity and Diagnostic Tools

As Omar reflected on the results from all three children, he realized that the tests alone could not capture the full reality of their experiences. The **WISC** and **Conners Rating Scale** had provided structured data, and the **Rorschach Test** had offered a window into their emotional worlds. However, these tools were not developed for children such as Ahmad, Khaled, and Issa, who reside in a village where trauma and occupation are part of everyday life.

Omar understood that the results needed to be interpreted with sensitivity. For example, Ahmad's cognitive abilities were intact, but his emotional withdrawal required an understanding of trauma, not a developmental delay diagnosis. Khaled's aggression was not just a sign of ADHD or a behavioural disorder—it was a response to his lived reality. And Issa's hyperactivity resulted from a complex mix of attention challenges and a search for stability in a world that was anything but stable.

Diagnosing with Context in Mind

In this diagnostic process, Omar had to bridge the gap between the structured data provided by Western diagnostic tools and the unstructured realities of the children's lives in Beit Baseera. The DSM-5 and ICD-11 offered guidelines, but Omar knew that these children's experiences didn't fit neatly into the categories laid out by those manuals.

He could not simply assign labels such as PTSD or ADHD without acknowledging the broader context in which the symptoms had emerged. Trauma, displacement, and collective stress were shaping these children's minds in ways that traditional diagnostic frameworks often failed to consider. Omar aimed to interpret the children's emotional distress through the lens of their cultural and historical experiences, not just through clinical criteria.

Omar aimed also to do more than diagnose; he sought to help families understand their children's experiences. In this setting, diagnosis transformed into a form of storytelling, where he collected and blended the individual and collective narratives of the children's lives into a narrative that respected their unique challenges.

Reflection Exercise 5:

- Objective: To reflect on the complexities of analyzing test results.

- Exercise: Omar is analyzing the results of structured and projective tests. Imagine you are in his position. What are the key considerations when interpreting these results in a trauma-affected population? Write 250 words reflecting on the challenges of integrating psychometric data with the lived experiences of children in context. How would you ensure that the interpretation of the results is culturally sensitive and contextually appropriate?

Station 6: Integrating the Results – Context, Culture, and Insight

After spending time with the results from the tests, Omar found himself facing the delicate task of interpreting them in a way that was culturally relevant. The raw data from the cognitive, behavioural, and projective tests had provided important insights, but Omar knew that numbers alone couldn't capture the full stories of these children.

As he sat in his office, reviewing the results of **Ahmad**, **Khaled**, and **Issa**, he was struck by how different their experiences of trauma, family dynamics, and culture were from those represented in the DSM-5 or ICD-11 frameworks. His task now was to integrate these diagnostic tools with the rich cultural and historical context of Beit Baseera: a village marked by occupation, loss, and enduring strength.

Ahmad: Uncovering the Quiet Strength

In evaluating Ahmad, the cognitive tests showed his abilities in sustained attention and verbal fluency were diminished. His withdrawn reaction and physical symptoms, such as frequent headaches, which could easily be misinterpreted as mood disorders or somatization based on DSM-5 and ICD-11 standards, actually reflect a deeper, contextual response.

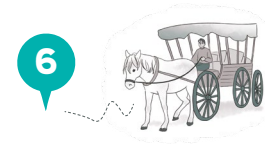
Within the framework of Beit Baseera's daily life, marked by routine exposure to traumatic events, Ahmad's behaviours serve as functional adaptations rather than pathological symptoms. His silence and withdrawal, which could potentially be seen as depressive in other contexts, here represent a coping mechanism suited to his environment.

By considering these factors, Omar acknowledged the limitations of applying standard psychiatric labels. Instead, he viewed Ahmad's behaviours through a lens of cultural and situational adaptability, challenging the straightforward application of Western diagnostic criteria and highlighting the importance of a context-aware diagnostic approach.

Khaled: Reassessing Aggression and Defiance

Khaled's assessments painted a complex picture. His scores on the **Conners Rating Scale** suggested possible ADHD, especially given his impulsivity and anger outbursts. Yet, Omar was careful not to reduce his behaviour to just another clinical label. Khaled's aggression could be understood as defiance, but in this context it was a form of resistance. Living under occupation had skewed Khaled's relationship with authority and control, making it difficult for him to adhere to rules that didn't seem to serve his or his family's safety.

The Rorschach test had revealed another layer. Khaled's responses showed a preoccupation with broken or fragmented images, which Omar interpreted as a reflection of his disrupted sense of safety. The test results didn't fit neatly into a Western model of oppositional defiant disorder (ODD) or ADHD; instead, they suggested a deeper struggle to make sense of the chaos in his environment. Khaled's aggression was rooted not only in his neurodevelopmental state but also in his daily exposure to violence and uncertainty. Omar carefully noted this, ensuring his final diagnosis would honour the nuance of Khaled's experience.



Issa: Hyperactivity in a World of Restrictions

Issa's case had seemed clear-cut in the beginning: hyperactivity, impulsiveness, and difficulty staying focused. Issa's behaviour seemed like ADHD, particularly in psychometric tests. However, Omar wondered if Issa's energy was due to his restrictive upbringing rather than a disorder.

The storytelling projective tests revealed Issa's vivid imagination, where his characters were constantly on the move, escaping, or running toward something. The stories he told weren't chaotic—they had direction and purpose. Omar realized that Issa's hyperactivity might be a form of emotional escape, a way of coping with the overwhelming sense of confinement imposed by the occupation.

Omar was aware that diagnosing Issa with ADHD alone would miss the deeper emotional currents driving his behaviour. Instead, he noted that Issa's restless energy was also a manifestation of his strength, a sign of his refusal to submit to the limitations of his environment. This would influence how Omar framed Issa's diagnosis, making sure to incorporate his creative potential alongside his challenges.

Integrating Findings: Beyond the Standard Diagnostic Frameworks

As Omar finished his notes, he realized tests alone were insufficient. **Ahmad**, **Khaled**, and **Issa** faced emotional challenges from living under occupation. Although the tools highlighted symptoms and offered diagnostic structure, Beit Baseera's context required adaptable interpretation.

Omar emphasized the importance of context in his diagnostic reports; he was careful with categorization under clinical labels. His recommendations were comprehensive, advocating for interventions that were culturally attuned, included family participation, and considered the broader societal influences impacting the children's behaviours.

His final report blended the results of **psychometric assessments** and **projective tests** with a deep understanding of the **cultural nuances** and the **collective trauma** the village had endured. Omar had successfully integrated the clinical with the cultural, ensuring that the children of Beit Baseera would receive diagnoses that respected both their psychological needs and their lived realities.

Reflection Exercise 6:

- Objective: To reflect on the interplay between trauma, context, and symptoms.

- Exercise: Think about the children Omar is working with—Ahmad, Khaled, and Issa—and how their symptoms reflect not only individual psychological distress, but a collective trauma. Write a reflection (200-300 words) on how a psychologist might differentiate between trauma responses that are pathological and those that are normal given the context. How can you, as a future psychologist, avoid over-pathologizing normal responses to extreme circumstances?

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Station 7: Diagnosis Through the Lens of Development and Language

As Omar continued his work, he turned his attention to the developmental histories of the children. He had already gathered a rich array of data from the structured and projective tests, but there was still more to understand. He knew that understanding the children's **developmental milestones** and the language they used to express their struggles would provide deeper insights into their psychological and emotional worlds.

Ahmad, **Khaled**, and **Issa** each had unique developmental trajectories shaped by their individual experiences combined with the collective trauma of living under occupation. The challenge now was to view their behaviours through the lens of **developmental psychology** while being attuned to how they communicated their experiences.

Ahmad: The Silences Between Words

Omar reflected on Ahmad's development. His mother had mentioned that Ahmad was once a lively and talkative child but had grown quieter after witnessing traumatic events involving his siblings. Ahmad's case presented a developmental regression: a loss of certain social and verbal skills he had previously mastered.

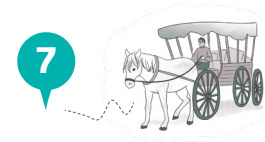
In reviewing Ahmed's case, Omar consulted **developmental screening tools** such as the **Denver Developmental Screening Test** and considered cognitive markers typically measured in assessments such as the **WISC-IV**. Ahmad's declining verbal performance stood out. But instead of viewing this solely as a developmental delay, Omar understood that Ahmad's silence might reflect his emotional state. In a context where trauma is a shared reality, withdrawing into silence could be a form of self-preservation.

Omar reflected on how **language loss** and **emotional withdrawal** are often intertwined in trauma-exposed children. In Arabic culture, sometimes emotional distress is not articulated in direct language. Children such as Ahmad may lack the vocabulary to express their feelings, or they may choose silence as a way to manage their overwhelming emotions. Omar's task was to differentiate between a true developmental delay and a psychological coping mechanism. He noted that **Ahmad's emotional withdrawal** might be more indicative of trauma-induced regression rather than a cognitive deficit.

Khaled: The Language of Resistance

Khaled's case required an even more nuanced approach. His aggression, defiance, and frustration were evident in both the structured tests and Omar's clinical observations. But Khaled's developmental history revealed a child who had always struggled with authority, even before the current conflicts in his family and village escalated.

Omar's diagnostic tools, including behavioural checklists, suggested a possible diagnosis of **Oppositional Defiant Disorder (ODD)** or **Conduct Disorder**, yet he knew that these Western frameworks didn't fully capture the meaning behind Khaled's behaviours. In Beit Baseera, where aggression and resistance can be seen as forms of survival, labelling Khaled too quickly with a conduct disorder might miss the bigger picture.



Khaled's use of **language**, his defiant tone and refusal to cooperate in certain tests, revealed a deeper layer of his personality. In his family, Khaled had been taught to be proud, to resist external control. Omar saw this as a reflection of the larger social and political environment Khaled lived in, where defiance wasn't a symptom, but a stance.

Omar noted that language had cultural and political weight in Khaled's world. In many ways, Khaled's **developmental trajectory** was aligned with the village's struggle for survival. While he might fit some diagnostic criteria for ODD, his behaviour also reflected his **adaptation to power dynamics** at home and in the village.

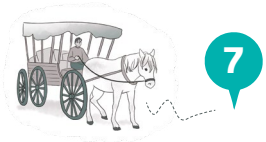
Issa: A World of Hyperactivity

When Omar turned to Issa's case, he focused on how Issa's **hyperactivity** and **impulsiveness** aligned with his developmental progress. Issa had shown strong cognitive abilities in some areas but was constantly in motion, unable to sit still or complete tasks for long. Standard assessments of **ADHD** suggested that Issa's behaviours could be classified within this category, but Omar was cautious about jumping to conclusions.

Developmentally, Issa was reaching the age where children begin to control their impulses and focus for longer periods. Yet, Issa's constant energy could also be seen through the lens of his environment. In a village where children's movements were restricted by military presence, Issa's restlessness might be a way of pushing back against these limitations.

Omar also took note of Issa's **language**. While Issa was articulate and eager to talk, much of what he said seemed disconnected from the tasks at hand. His stories were often fantastical, filled with motion and escape, as if he were trying to outrun the reality of his village. Omar recognized this as a form of **emotional displacement**, a way for Issa to channel his feelings of confinement into stories of freedom.

Omar determined that Issa's developmental profile included both notable cognitive abilities and ongoing emotional challenges. The observed hyperactivity may stem from neurodevelopmental factors as well as responses to emotional and physical limitations imposed by his surroundings. In forming a diagnosis, Omar must integrate these considerations to ensure Issa receives appropriate support for attention deficits while also addressing his requirements for emotional expression.



Cultural Sensitivity in Developmental Diagnosis

While diagnosing the children using standard tests and criteria, Omar had a responsibility to interpret the results with insights from developmental psychology and cultural awareness. The persistent trauma affecting all three of the children in Beit Baseera was a significant part of their development. Factors such as the village's historical background, family interactions, and the daily pressures of life under occupation critically shaped their behaviours and emotional responses.

Omar decided to recommend a combination of **developmental interventions** and **therapeutic support** for each child, ensuring that these recommendations were tailored to the children's cultural context. Understanding their developmental needs required a holistic and cultural approach, besides placing them into diagnostic categories.

Reflection Exercise 7:

- Objective: To reflect on adapting psychometric and projective tests to different cultural contexts.

- Exercise: Reflect on a specific psychometric test you've studied (e.g., WISC, BDI, or Rorschach). Write 200 words on how you would adapt this test for use in Beit Baseera or another village affected by occupation. How would you ensure the test is relevant and respectful of the local cultural and linguistic context? What cultural factors would you need to be aware of when interpreting the results?

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Station 8:
Layers of Diagnosis: The Village as a Collective Story

As Omar neared the end of his diagnostic journey with the children, he found himself reflecting on the individual stories of Ahmad, Khaled, and Issa, and on the broader narrative of Beit Baseera. The village itself was a layer of diagnosis, a collective story shaped by its history, its people, and the weight of ongoing occupation. Omar realized that diagnosing these children was like peeling back layers of a complex narrative where trauma, endurance, and survival were deeply integrated.

Ahmad: Silence as a Communal Echo

Ahmad's silence was no longer just his personal response to trauma. It was a reflection of the unspoken grief that pervaded the village. Omar thought back to the villagers' quiet strength, their way of enduring occupation without verbalizing the depth of their pain. Ahmad's withdrawal mirrored this collective silence: a symptom that reached beyond his personal experience and tapped into the broader narrative of Beit Baseera.

Omar decided to emphasize this in his final diagnostic report. Ahmad's symptoms aligned with trauma-related diagnoses, but there was a crucial cultural layer to his withdrawal. Omar wrote that Ahmad's **emotional muteness** should be approached not only as a cognitive or developmental issue but as a reflection of the village's unspoken grief. He recommended **narrative therapy**, wherein storytelling would allow Ahmad to find his voice, but in a way that resonated with the community's preference for indirect communication.

Khaled: Defiance as a Symbol of Resistance

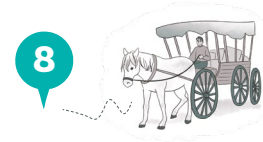
Khaled's defiance had initially seemed like a behavioural issue, but Omar now saw it as part of a larger narrative of resistance. The occupation had imposed a structure on the village, a set of rules that many, like Khaled, instinctively resisted. In Beit Baseera, defiance could be a personal trait, but it is also a collective survival strategy.

Omar's report for Khaled reflected this understanding. He described how **Khaled's oppositional behaviours** might be viewed through a lens of political and social resistance, shaped by the village's constant exposure to control and surveillance. Instead of recommending traditional behavioural interventions, Omar suggested a **community-based therapeutic approach**, where Khaled could explore constructive ways to channel his defiance, perhaps through leadership roles in youth programmes that fostered strengths.

Issa: Movement as a Metaphor for Escape

Issa's constant movement, his restless energy, and his wandering mind now appeared to Omar as more than symptoms of ADHD. In a village where children were often confined both physically and emotionally, Issa's need for movement could be understood as a desire for escape. His fantasies of running and jumping, his inability to sit still, were all metaphors for the freedom that was so often denied in Beit Baseera.

In Issa's report, Omar highlighted this interpretation. Rather than framing Issa's hyperactivity purely as a neurological disorder, he connected it to the village's collective yearning for freedom. He recommended creative outlets for Issa, such as art or theatre, that would allow him to express this desire for movement in a controlled and constructive way, helping him channel his energy without suppressing the underlying emotions.



The Village: Trauma Embedded in the Experience

As Omar completed his reports, he intertwined the children's experiences with the essence of Beit Baseera. The village, with its profound influence, was integral to their psychological profiles. The symptoms exhibited by the children mirrored the visible cracks in the village's aged stone houses, each marking deeper, unseen challenges.

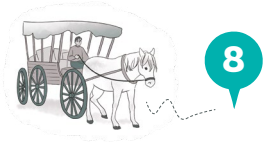
Omar reflected on how the collective trauma of the village had manifested in these children. The ongoing military presence, the sound of gunfire, the destruction of homes: all of these were part of the fabric of their daily lives. He realized that his diagnostic work needed to account for this broader context. He added a section to his final report emphasizing the importance of contextualizing individual diagnoses within the collective trauma of the village. For each child, he recommended interventions that involved individual therapy and community-based programs that could address the village's collective wounds.

Integrating Diagnosis and Community Healing

Omar's work had evolved beyond diagnosing individual children. He now saw that to truly help these children, he needed to consider the village as a whole. Each child's symptoms, whether it was Ahmad's silence, Khaled's defiance, or Issa's restlessness, were part of a larger story, one that included the entire community. The trauma they experienced wasn't isolated to their families; it was a shared narrative of a village under occupation.

In his final reflections, Omar wrote about the importance of combining **individual diagnosis** with **community healing**. It was proposed that the Ministry of Education collaborate with local mental health services to develop programmes addressing cognitive, emotional, social, and political factors in Beit Baseera. The suggested initiatives include psychoeducation for parents and teachers, trauma-related school programmes, and activities for children involving collective storytelling and artistic expression.

Omar's experiences in Beit Baseera reinforced the fact that diagnosis was as much about the community as it was about the individual. He recognized his responsibility to interpret trauma within the context of the village's collective experience. Identifying symptoms was as important as understanding the underlying stories and contributing to the community's healing process.



Summary: The Village as a Mirror

Omar concludes by linking Ahmad, Khaled, and Issa's experiences to Beit Baseera's broader trauma. He notes that diagnosis involves understanding social and political influences on symptoms, not just identifying disorders. Omar supports community-based interventions to promote healing for the village's children amid ongoing occupation.

Reflection Exercise 8:

- Objective: To reflect on how diagnosis involves understanding the broader community and collective experience.

- Exercise: Reflect on the final diagnostic process in Beit Baseera, where Omar integrates individual symptoms with the village's collective trauma. In 300 words, consider how diagnosing an individual might involve diagnosing a community. What are the ethical responsibilities of a psychologist when making a diagnosis in a village like Beit Baseera? How do you balance individual care with community-level awareness?

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Possible Answers for the Reflection Exercises

Station 1: The House of Insight

Reflection Exercise Answer:

In a new village setting, I would begin by observing the environment, taking note of the physical landscape, social dynamics, and community structures. I would ask myself how the community functions, what cultural norms are visible, and how local history might shape behaviour and emotional expression. I'd be mindful of assumptions based on my clinical knowledge, balancing this with careful listening and observation of non-verbal cues. I would also consider how the socio-political context, such as occupation or displacement, impacts mental health. Insight must come from a deep understanding of both the visible and hidden factors affecting people's lives.

Station 2: The Language of Pain

Reflection Exercise Answer:

In many cultures, emotional distress is often expressed somatically, as in Beit Baseera, where sadness might be described as fatigue or bodily pain. If I were working with a Chinese-speaking population, I might hear complaints of headaches or stomachaches in place of emotional terms such as "depression." This reflects the cultural tendency to express mental pain through physical symptoms. I would adapt my approach by learning these cultural expressions and ensuring that I interpret them within their proper context, not assuming that physical symptoms automatically exclude psychological causes.

Station 3: The Toolbox

Reflection Exercise Answer:

Tool	Strengths	Weaknesses	Adaptation for Context
WISC-IV (Wechsler Intelligence Scale for Children)	Measures cognitive abilities	Culturally bound tasks, language barriers	Adjust vocabulary and cultural references in the questions
Rorschach Inkblot Test	Allows for open interpretation	Requires skilled interpretation, may not fit all cultures	Ensure the images are interpreted within the cultural context; explain the task thoroughly
Conners Rating Scale (ADHD)	Structured and standardized	May miss trauma-related behaviours that look like ADHD	Supplement with observations about the child's environment and trauma history

When applying these tools, I'd make sure I reflect on their limitations in a local, occupation-affected setting such as Beit Baseera, interpreting results with cultural and contextual sensitivity.

Station 4: Administering the Tools

Reflection Exercise Answer:

For **Ahmad**, I would prioritize emotional and cognitive developmental assessments, such as the WISC-IV, while being sensitive to how trauma might influence his responses. I'd introduce the test in a way that felt safe, explaining each part thoroughly to reduce anxiety.

For **Khaled**, I might use the Conners Rating Scale to assess potential ADHD but would be cautious not to rush to conclusions. His irritability might stem from environmental stress rather than a developmental disorder, so I'd balance structured assessments with open-ended conversations about his frustrations.

For **Issa**, I'd likely use a projective test, such as the Rorschach, allowing him to express his inner world without constraints. His hyperactivity might mask underlying emotional or cognitive difficulties, and I'd engage him in storytelling as a culturally resonant way to explore his thoughts.

Station 5: Integrating Test Results

Reflection Exercise Answer:

In Beit Baseera, I'd be cautious when interpreting test results through a purely Western lens. For **Ahmad**, I might see cognitive delays on the WISC-IV, but I'd need to ask: Are these delays a result of trauma, rather than an inherent developmental issue? His withdrawal could easily be mistaken for a cognitive problem when it might be a protective emotional response.

For **Khaled**, the Conners Rating Scale might suggest ADHD, but I'd reflect on how living under occupation could contribute to his defiant behaviour. It's not defiance for its own sake; he might be responding to a chaotic environment that lacks structure and predictability.

For **Issa**, the Rorschach might reveal disorganized thoughts, but instead of labelling him immediately, I'd look at how hyperactivity could be his way of maintaining some control or expressing unresolved emotions in a context of instability.

I would always link back to cultural, social, and environmental factors when interpreting these results, ensuring that the diagnosis is contextually grounded.

Station 6: Contextual Diagnosis

Reflection Exercise Answer:

In a place like Beit Baseera, responses to trauma might be common, but that doesn't mean they are pathological. **Ahmad's** withdrawal might not meet the

full criteria for PTSD, but his behaviour is a normal reaction to witnessing traumatic events. The key is to differentiate between a normal stress response and something that requires intervention. I would use my observations, community feedback, and family input to ensure I don't over-diagnose conditions such as PTSD when a different kind of support might be needed.

For **Khaled**, his anger might be misinterpreted as aggression, but I'd consider how this anger is a normal response to feeling powerless. Understanding when symptoms become pervasive and impair functioning should guide decisions on whether they require clinical treatment.

Station 7: Cultural Sensitivity in Psychometric Testing

Reflection Exercise Answer:

If I were to adapt the WISC-IV for Beit Baseera, I would need to consider language and cultural differences in problem-solving and learning. Some vocabulary or concepts might not exist in the local dialect, so I'd adapt instructions and ensure that the context of the questions made sense for a local village setting.

For the Rorschach, I would be cautious about interpreting responses too rigidly. I might observe interpretations of the inkblots that are informed by the child's exposure to military attacks, and I would need to consider this when analysing their answers. For instance, a child might see violence in an image not because they are inherently disturbed, but because it reflects their reality.

Station 8: Diagnosing in Layers

Reflection Exercise Answer:

Diagnosing individuals in Beit Baseera means also diagnosing the community's collective trauma. If I diagnose **Ahmad** with trauma-related issues, I must also consider how his family, school, and village cope with similar issues. My ethical responsibility would be to engage the community in a dialogue, ensuring that my diagnosis leads to interventions that are culturally and contextually relevant. I would avoid pathologizing natural responses to conflict and instead focus on strength-based approaches. Working in Beit Baseera, one must understand how individual suffering connects to the broader social fabric.

Chapter 6

The Village of Umm Adeeb

Healing Amid Internal and External Chaos

Why was the village named Umm Adeeb?

In the village of Umm Adeeb, the therapeutic relationship mirrors the mother-child bond, which is highlighted in psychology. The name "Adeeb" signifies an empathetic and ethical approach in this relationship, where care and nurturing between the mother and child are deeply established. This approach is demonstrated through a profound understanding of the child's needs and feelings, and interacting with them sensitively and distinctively, contributing to the child's character development and nurturing a relationship of trust and respect between them and their parents. Furthermore, the ethical approach to dealing with the child promotes the learning of important values, self-acceptance, and empathy, thereby contributing to the development of a tolerant and interconnected society.

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Introduction

In the heart of Umm Adeeb, a village shaped by the challenges of occupation and the strength of its people, there is a small clinic where stories of survival and healing unfold. In this village, you'll follow the lives of those who come to the clinic. patients seeking comfort, but as vibrant characters in a larger story of loss, hope, and the enduring search for identity.

At the centre of this story is Amjad, a therapist whose own life is deeply connected to Umm Adeeb. His sessions are a deep engagement with the mind, influenced by the daily struggles both he and his patients face. This chapter, divided into eight key parts, invites readers to join in on therapeutic encounters that challenge and reshape the idea of healing under oppression and occupation.

Each part explores different aspects of therapy, guided by both psychoanalytic principles and the harsh realities of life under pressure. From the initial telling of personal stories to the complex interactions between therapist and patient during crises, the therapy sessions reflect the larger struggles of the community.

Through these stories, the chapter aims to show how therapy in such settings helps to turn hardship into a journey of empowerment and self-discovery. It highlights the intricate relationship between therapist and patient, where each session adds a new piece to the shared humanity they create together, against the backdrop of societal turmoil.

This is a story of moving through the shadows cast by trauma, but it also celebrates the sparks of hope that therapy can ignite in the darkest times. As we move through each part, we witness the gradual steps toward healing, driven by the deep connections that only shared hardship can create.

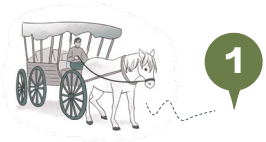
In Umm Adeeb, although therapy happens within the walls of the clinic, it offers a way to see the struggles and victories of life in a troubled area. Here, every session is a step toward reclaiming oneself in the face of overwhelming challenges.

Station 1: Understanding Trauma Under Occupation and Oppression

The Sudden Impact of Trauma

Trauma is typically understood as an event that has a profound psychological impact, overwhelming an individual's or a community's ability to cope at that moment. Traditionally, trauma is characterized by its sudden onset, where the individual or community has no time to prepare or adapt, leading to more severe psychological symptoms. However, when adverse events occur gradually or when individuals are given time to prepare, the psychological impact, while still significant, can result in less severe symptoms. Such experiences can still be distressing, saddening, or frightening, and may indeed alter one's life meanings and emotional well-being, but the acute disruption to basic personality functions may be less pronounced.

When trauma strikes, it does not simply disrupt daily life; it penetrates deep into the psyche, challenging the core functions of the personality. It often arises unexpectedly, catapulting individuals into a state of shock. This rapid onset is critical, it means there is no time for mental preparation or gradual adjustment, which are essential for mitigating long-term psychological distress.



The immediate response to trauma involves intense and overwhelming emotions. These reactions are not just immediate responses but can also set the stage for long-term neuropsychological and psychological alterations. The unprepared personality, thrust too rapidly into traumatic circumstances, experiences a profound disorientation. This involves confronting a situation that the psyche cannot integrate or manage based on past experiences or learned resilience.

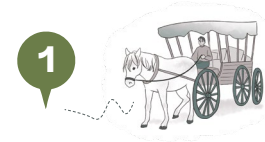
This lack of preparedness and the suddenness of trauma can lead to significant changes in the individual's emotional states, potentially resulting in lasting psychological damage. These changes go beyond temporary distress; they can alter the very structure of how one relates to the world and oneself. As these profound shifts take root, individuals may find themselves grappling with a fragmented sense of self.

The Fragmentation of Self

If the very intense feelings persist over time without a break, then these feelings start to paralyze us. We are not just talking about anxiety, but about extremely intense fear. The more severe the trauma, or the longer and deeper it penetrates the personality, the more it embeds itself into the very foundation of our being.

At the foundation of our personality lies our ability to understand what is happening around us. In the foundation of our personality, we hold an internal map, and through this internal map, we find our way through life's mazes. We manage to protect ourselves, provide ourselves with food, water, air, and security. We protect our children, our traditions or ideologies. We also protect our self-image, our perception of being moral and positive people, and our joy of life. Each of us has such a deep map, built over the years, a significant part of which we received from our parents and tradition.

Trauma is not just a state of anxiety, though it is often described this way, like an unbearable feeling. If we experience an unbearable feeling momentarily, it passes, and then we reorganize ourselves afterward. The extreme feelings in sustained trauma create holes in our internal maps. We wake up finding ourselves lost in the world we live in. We don't know left from right, up from down, who protects us and who doesn't, who we are, and what we are. As a result, we stop trusting the ground we stand on, and deep in the brain, when this state is recognized, it represents the brink, the worst conceivable condition where there is no Heaven or Earth.



Genesis starts with the creation of the world, how God ordered the universe. This is how consciousness begins; it creates order, differentiating between light and darkness, good and evil, safe and unsafe, the inside of a home and the outside. Whether the inside of the home is safe, or whether the outside is safe, whether the boundary is secure. Can we rely on the government? On the authorities? Can we trust our father? Our mother?

When these things are damaged as a result of trauma, the foundation of our personality is shaken, and then a traumatic condition begins, starting with severe and paralysing disturbances. If reorganization doesn't swiftly follow this chaos, if the situation continues and the personality fails to organize itself, the ongoing state of alert and prolonged anxious response means the personality fails to cope. Then there's a feeling that this will lead to a catastrophe, and the personality begins to build defences against the ongoing traumatic condition, realizing it cannot cope, which then leads to a post-traumatic condition if the event ends. But if it doesn't end, the personality builds defences when the trauma hits again and again.

This situation renders us unable to repair our internal maps, failing to reconnect the fragmented aspects of our selves. The disconnection spans our physical bodies, our social interactions, the broader world, our self-perception, and our familial and neighbourly bonds. Lacking an internal map to guide us, everything falls apart, and the disparate pieces fail to cohere.

In this fragmented state, the personality shifts into an existential mode, essentially a survival mode, where it can only handle certain levels of stress. Beyond that threshold, we as humans begin to break down; our functioning becomes unhealthy, ineffective, and unadaptive. We respond with extreme reactions to minor triggers, engulfed by chaos.

Again, if these conditions persist, the overwhelming feelings evolve into a profound disconnection from both the immediate stimuli and the broader context—memories and frameworks that give our experiences meaning become inaccessible. This is called dissociation. It involves suppression, projection, ignoring, and numbing; various ways to cope, forms of attack, and breakdown of meanings, among other processes. All this leads to disconnection from the events outside. This disconnection is a significant mechanism because, without it, the personality would disintegrate. To prevent disintegration, the personality disconnects itself, and this disconnection involves a reduction in functioning. It is the personality fleeing responsibility for the difficult aspects of daily experience. When we disconnect, we narrow ourselves. We disconnect

from many parts of our personality and we lose parts of ourselves, casting them into the unconscious when they are difficult for us, and we run away from recognizing them.

This section outlines a psychological journey where individuals, under the constant strain of trauma, move towards a fragmentation of the self. This process begins with overwhelming emotional responses that, over time, lead to dissociation; a defensive mechanism that detaches one from immediate distress and broader contextual understanding. As this disconnection deepens, individuals experience a gradual loss of the integrated self, losing touch with parts of their identity that are critical for a cohesive sense of self.

Integrating the Fragmented Parts

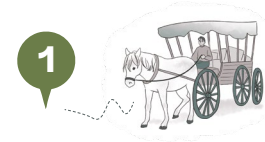
When parts of our personality become fragmented, they seek to return; we can't just discard them and forget. There's a psychological need for these parts to come back. When a person disconnects from these parts, memories persistently follow them, creating ongoing disconnection and recurring trauma. This disconnection makes it difficult to process and treat the trauma effectively.

Trauma varies in time and intensity, but its prolonged duration creates a tear within us. Disconnection and the urge to remember the trauma highlight the importance of recalling and identifying the fragmented parts to heal. Why is it important to remember? Because trauma holds information about what was damaged, and understanding this helps us know what to reconnect, recreate, and change. Sometimes, revisiting the trauma can lead to growth and change.

Forgetting the trauma is risky. We need to revisit memories to understand and find solutions, as well as to reintegrate the fragmented parts of our personality. Listening to these parts is essential for effective healing.

Recovering from trauma means reconnecting with these lost parts. It requires recognizing the disconnection, understanding its depths, and courageously facing fragmented memories and feelings. It's about rebuilding the internal map that was torn apart, redefining boundaries, and restoring a sense of normalcy in a changed world.

This process cannot rely only treatments that help in managing symptoms; it requires fundamentally reorienting ourselves in our environment and relationships, healing deep scars and finding a way to live again with renewed purpose and stability. Remembering and addressing trauma is essential for reclaiming the disrupted narrative of one's life, enabling us to move forward with strength and hope.



Leila's Silent Grief: Navigating Loss and Displacement

Leila, an eleven-year-old girl displaced from her home village, now lives with her aunt in Umm Adeeb. Her journey here was marked by profound loss; her parents were casualties in the last war, and her home was reduced to rubble. At her aunt's house, she shifts from grieving child to caretaker, responsible for her younger cousins..

In this makeshift home, Leila's presence is physically acknowledged but emotionally overlooked. Her aunt, burdened by her own struggles and the care of multiple children, unwittingly imposes adult responsibilities on Leila. This environment reinforces Leila's loss of childhood, exacerbating her feelings of isolation and the continual erosion of what little remains of her internal sense of security and home.

In therapy, Leila is initially reticent, her profound loss manifesting in silence rather than words. She engages reluctantly with the activities provided, her interactions minimal and her expressions muted. The therapy room, intended as a space of safety, initially feels like another alien terrain to navigate.

The therapist, Amjad, noticing Leila's difficulty in verbal expression, introduces therapeutic drawing and storytelling as mediums through which Leila can communicate. These sessions are designed to provide Leila with control over how much she chooses to share. Slowly, her drawings begin to feature scenes from her past life, echoes of her demolished home and fragmented memories of her parents.

These artistic expressions are a gateway to discussing Leila's grief and dislocation. Amjad does not direct but listens, allowing Leila to lead the pace of her narrative unfolding. This method respects her need for control in a life that has been largely uncontrollable and unpredictable.

As the weeks pass, Leila starts to integrate elements of her current environment into her artwork, a tentative sign of her beginning to reconcile her past with her present. The therapy subtly helps reconstruct her shattered internal map by illuminating paths she might take to find a sense of belonging and stability, even in her displaced state.

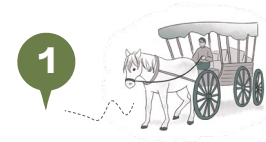
This case illustrates the delicate balance required in therapy with children such as Leila who have endured significant trauma and displacement. It underscores the importance of patience, understanding, and adapting therapeutic practices to meet children where they are, helping them find their way through their loss and confusion toward a place where they can begin to heal and rebuild.

Amjad's Reflections on Leila's Journey

As weeks turned into months, Amjad closely observed Leila's subtle shifts during their sessions. Initially shrouded in her silence, Leila's slow yet deliberate engagement with the therapeutic activities began to narrate a story deeper than any words could capture. Each stroke of her crayon and each character she crafted in her stories was imbued with the echoes of her past and a tentative grasp towards her future.

Amjad, seated across from her in the softly lit room adorned with children's artwork, often found himself reflecting deeply on Leila's expressions. In each line she draws, there is a silent yet powerful dialogue between her past sorrows and her emerging sense of self, he thought. His role transcended that of a mere observer; he felt deeply embedded in the fabric of her healing journey, a silent witness to the resilience blossoming within her.

One particular afternoon, Leila presented a drawing distinctly different from the others. It was a picture of a house, not fully intact, with a tree robustly standing next to it. The roots were visible, sprawling deeply into the ground—a symbol, Amjad inferred, of stability and growth.



"Leila", Amjad began, his voice both curious and gentle, *"this tree seems strong, rooted deeply despite the stormy weather around it. What can you tell me about it?"*

Leila paused, her eyes fixating on the drawing before meeting Amjad's steady gaze. *"It's like the tree knows it has to be strong, even when things are broken around it. It keeps growing,"* she murmured softly.

Amjad nodded, his heart touched by the profound insight shared by such a young soul. "*And just like this tree, you too are finding ways to root yourself, to find strength even when things seem unsure around you. Your drawings, Leila, they tell me you're beginning to find your place in this new chapter, no matter how different it may look.*"

In these moments, Amjad recognized the critical turning points in Leila's therapeutic journey. It was about acknowledging her silent grief and her displacement, and transforming them into narratives of strength and endurance. Each session was a step towards reconstructing her internal map, a map that was uniquely hers, guided by her experiences and her strength.

As Leila's story unfolded in the therapy room, Amjad felt a profound sense of responsibility and privilege. He was reconstructing a narrative and was co-navigating a path of healing, witnessing the birth of agency in a young girl who had seen too much too soon.

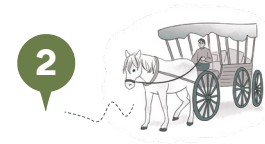
"These sessions," Amjad reflected as he prepared notes for the next meeting, *"are pathways to healing and are testaments to human strength and the power of therapeutic connection. We are not just healing wounds but nurturing growth, understanding, and sometimes, a new beginning.*"

As the sun began to set, casting a golden glow through the room, Amjad felt hopeful. With each passing day, Leila was reclaiming her story and was also learning to rewrite it, infused with newfound strength and a vision for her future.

Station 2: Nurturing Amidst Opression: The Crucial Role of Parenting in Trauma Zones

In the challenging environment of Umm Adeeb, parenting emerges as a vital psychological construct, crucial for a child's development amidst the pervasive trauma of occupation. Unlike adults, children require the constant presence of a parent or parental figure who teaches and absorbs their experiences, sets boundaries, and most importantly, provides containment. A child's personality is incomplete and matures through various developmental stages, necessitating guidance in emotional regulation, self-regulation, orientation, environmental awareness, and boundary-setting. These needs encompass the cultivation of joy and the skills necessary to navigate life's challenges, including conflict resolution and calming strategies.

Psychological theory divides these nurturing responsibilities into two primary functions: the maternal function, which provides security, emotional regulation, and nurture skills in interpersonal communication and sociability; and the paternal function, which offers guidance, cultivates ideals, aids identity formation, promotes independence, and instills hope and strength (Winnicott, 1964; Bowlby, 1969). However, in a complex environment such as Umm Adeeb, where the trauma of occupation necessitates a versatile approach to



child-rearing, these roles are increasingly fluid across genders. Every parent, regardless of gender, must adaptively perform both roles, ensuring their children develop the necessary psychological and social tools to thrive amidst adversity (Erikson, 1950).

In contemporary parenting, the division of roles extends beyond traditional gender norms, reflecting a more fluid dynamic between fatherhood and motherhood. Although they reside in a conservative culture, the roles of providing care and guidance are shared between men and women, challenging the conventional dichotomy of maternal and paternal functions. Central to these evolving roles is the concept of "containment," a critical aspect of parenting that transcends cultural and gender-based boundaries. Containment involves more than simple care; it is the psychological process by which parents absorb and transform their children's emotional distress into something manageable. Deeply rooted in psychoanalytic theory, true parental capacity involves the selfless act of taking in a child's emotional upheaval without projecting it back, allowing the child's personality to develop in a secure and stable environment (Bion, 1962a).

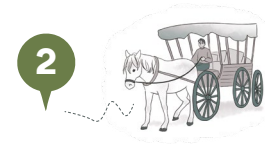
This dynamic is not dichotomous but exists on a continuum, distinguishing parents who effectively meet their children's developmental needs from those who struggle. It underscores the intrinsic capability of parents to act as the primary agents of emotional and psychological stability for their children (Klein, 1975). Parenting embodies the profound capability to give oneself over fully for the developmental enrichment of others. Central to this parental role is identifying and responding to the developmental needs of children, whether it's strengthening their ability to handle aggression, regulating anxiety, or nurturing curiosity. Parents commit to facilitating an environment that supports these evolving needs, effectively shaping the foundational framework within which children can grow and flourish.

Wilfred Bion's psychoanalytic theory of containment becomes particularly relevant here. Containment refers to the capability of a parent or caregiver to absorb and transform a child's intense emotional experiences into a form that is easier for the child to integrate psychologically. This process is essential for assisting children in processing difficult emotions and experiences, facilitating a form of psychological development that is both healthy and adapted to the harsh realities they face (Bion, 1962b).

The psychoanalytic concept of containment draws its metaphor from the physical act of holding, much like the enveloping embrace of a parent or the containment nature of pregnancy. This model goes beyond physicality, representing a deeper psychological engagement where a parent patiently bears and processes the raw and often tumultuous emotional experiences of their child. Through this transformative journey, difficult and unbearable feelings are metabolized, allowing children to gradually take ownership of their emotions and behaviours in a supported and secure manner (Bion, 1962b). This dynamic interaction facilitates emotional growth and also ensures that the psychological environment which a child navigates is one of understanding and stability, and this process is crucial for their journey towards autonomy (Winnicott, 1960a).

Consider that children in Umm Adeeb are generally not fully capable of self-protection until mid-adolescence. They rely on their parents for physical safety and also for guidance in managing their emotions and behaviours. Parenting, therefore, involves a deep engagement with both conscious and unconscious aspects of containment, with parents often sacrificing significant personal resources such as time, sleep, and emotional peace without immediate reciprocation. A dedicated parent effectively manages these personal disruptions, maintaining a protective hold over their children's development until they reach an age where they can assume greater responsibilities. At this stage, the parent's role gradually shifts from being a direct caregiver to a supportive advisor, encouraging independence while providing necessary support.

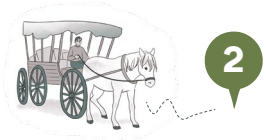
However, life's instability, especially in environments marked by political oppression, constant threats, and socio-economic challenges, can cause significant fluctuations in a parent's capacity for stable containment. These environmental pressures can prevent parents from being fully present, diminishing their ability to consistently offer the emotional support that their children need. Ultimately, every parent must face these challenges, acknowledging that their capacity to provide support and containment can vary from day to day and even moment by moment. It is vital for parents to forgive themselves and recognize their limits, understanding that perfect containment is not realistic and is heavily dependent on both internal and external pressures. Recognizing this helps to maintain a practical approach to parenting that is responsive to the ever-changing dynamics of life and the evolving developmental needs of children (Winnicott, 1960b; Holmes, 2001).



In regions such as Umm Adeeb, overwhelmed by ongoing oppression, parents face both external and internal pressures that undermine their capacity to nurture and support their children effectively. These pressures include immediate threats of violence and the relentless moral dilemmas and pervasive distress that come with living in such environments. This constant exposure to traumatic events erodes parents' hope and self-efficacy, weakening their confidence and resolve, and often forces them to focus more on healing their own emotional wounds. This inward focus can detract from their ability to consistently meet their children's needs (Punamäki, Qouta, & El Sarraj, 2001). The resultant cracks in this protective "container" allow harmful influences to seep through, exposing children to psychological dangers they should ideally be shielded from. Consequently, children are left in an environment where their caregivers, including educators, administrators, and parents, are overwhelmed and struggle to engage fully with the children's perspectives and daily experiences (Miller & Rasmussen, 2010).

Umm Adeeb's parenting challenges demand solutions beyond quick fixes. Overwhelmed by daily threats, parents naturally prioritize immediate dangers, often at the expense of consistent, attentive parenting. There's no miraculous intervention that can swiftly remove the pervasive anxiety or restore a state of calm readiness (Garbarino & Kostelny, 1996). However, thoughtful engagement with these challenges offers opportunities to reflect on the children's circumstances and the broader impacts of their environment on development. It also prompts parents and caregivers to introspect about how their own anxieties influence their parenting styles and relationships with their children (Pat-Horenczyk et al., 2007).

Understanding these dynamics can alleviate some of the parents' burdens, providing them with insights that enhance their ability to manage responsibilities effectively. By acknowledging and addressing these factors, parents can bolster themselves, thereby creating more stable and supportive environments for their children amidst the adversity of occupation and continuous pressure (Barber, 2001). In Umm Adeeb, ongoing conflict shapes parenting, requiring parents to balance personal trauma with supporting their children's development. Their roles demand resilience and adaptability in a challenging environment.



Samira's Unique Struggle

Samira, 32, is a mother of two raising her children under oppressive conditions. Every morning, she rushes to get her children ready for school, uncertain if new checkpoints or patrols will disrupt their route. Her job at the local market, supporting her husband's small stall, is fraught with uncertainty, as markets can abruptly turn perilous, becoming targets or being disrupted by sudden clashes.

A Day Shaped by Clashes

On one particularly challenging day, explosions were closer than ever, shaking the walls of their home and the psychological barriers she tried to uphold. Her husband, trapped in another town due to a sudden closure, sends a text that he won't make it home—an all-too-common disruption that leaves Samira to face the long night ahead alone.

Earlier that week, in a session with Amjad, Samira had explored the continuous burden of her reality. Although therapy could not change the external circumstances, the shared reality and understanding that Amjad provided helped Samira feel less isolated in her struggles. This therapeutic connection gave her strength, a renewed perspective on how to be there for her children.

As her children Amina and Sami grow fearful, Samira must explain why the sounds they hear may get closer and why their father cannot come home, all while managing her own anxiety. By drawing on advice from Amjad, she reframes fear as a lesson in unity and resilience, reassuring her children and teaching them to face challenges together.

Faltering Under the Weight

Despite her strength, the strain of constant alertness and the need for continual reassurance takes its toll. On this day, her patience is depleted more quickly, her reassurances feel hollow, and her ability to contain her children's and her own fears wanes. When Sami's small accident with his toys triggers an uncharacteristically sharp response from her, the atmosphere shifts palpably.

Realizing the impact of her stress on her children, Samira retreats briefly, a necessary respite to gather her strength. This momentary withdrawal, though laden with guilt, is also a critical reflection point. It underscores the intense duality of her role: protector and vulnerable individual.

Upon returning, her conversation with Amina and Sami shifts from reassurance to a deeper acknowledgment of their shared vulnerability. This transformation is influenced by her recent therapy sessions with Amjad, where they explored the shared reality of their challenges. Amjad's guidance helps her understand that while the external realities cannot be changed, their emotional handling within the family can be fortified.

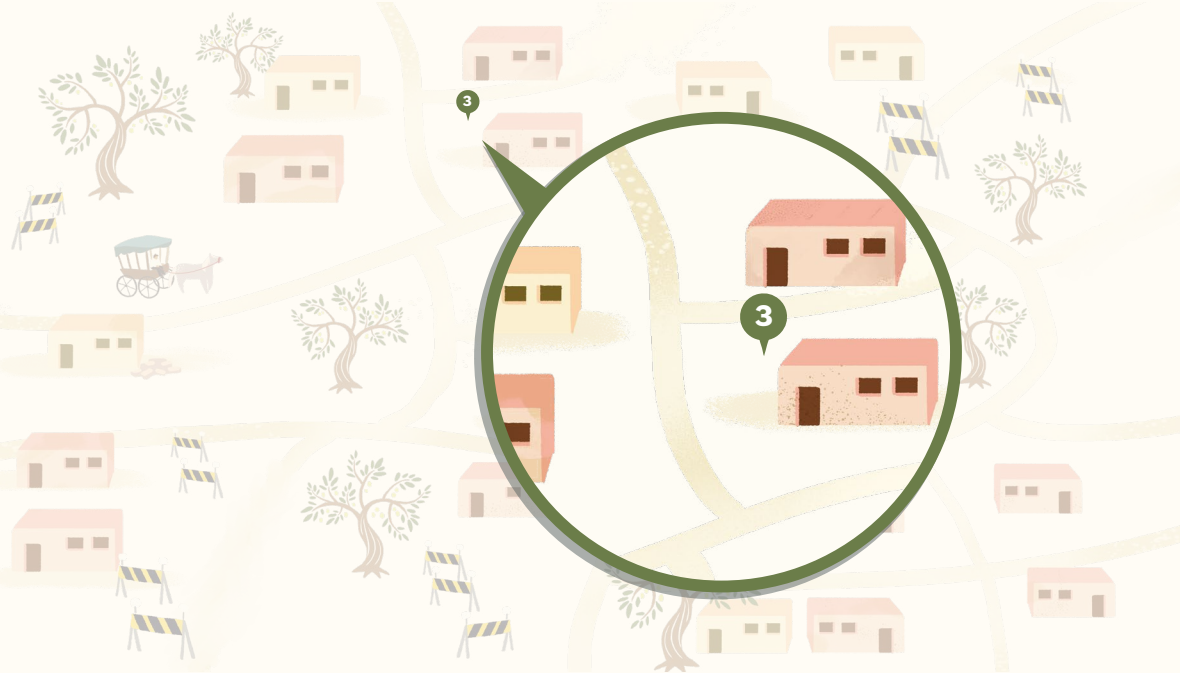
She shares her feelings of fear and exhaustion openly, bridging their understanding of her reactions as responses to the external chaos that touches them all. This openness transforms the earlier breach into a lesson in mutual support and collective resilience. It teaches her children that while the external threats are beyond their control, their responses to them can be managed and shared within the family.

Conclusion: The Uniqueness of Parenting in War Zones

Samira's story highlights the fact that while some parenting challenges can be universal—such as balancing work, financial stress, and childcare—the context of living in an occupied and war-ridden environment such as Umm Adeeb makes these challenges even more intense and unique. In such an environment, parents are caregivers and constant protectors against an unpredictable and often violent backdrop. This dual role increases the complexity and significance of their involvement in their children's lives.

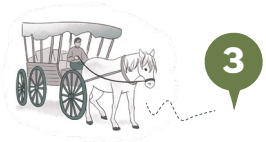
Amjad's therapeutic approach provides a crucial source of support. By offering guidance and strategies, Amjad helps Samira manage her dual roles with increased awareness and emotional intelligence. His support serves as a practical tool that empowers Samira to handle her responsibilities more efficiently. It empowers her to cope with the emotional and psychological toll that the conflict imposes, ensuring that she can provide a stable and nurturing environment for her children despite the surrounding turmoil.

Station 3: Adolescence Under Siege: How to Grow in Oppressive Environments



In Umm Adeeb, adolescents confront extraordinary challenges that significantly impede their psychological development. Living under conditions of continuous oppression and exposure to traumatic events, these youths experience a developmental trajectory that is markedly different from their counterparts in more stable environments. Socio-political pressures cause them to grow up quickly and expose them to a mix of traditional values and instability, which can disrupt normal adolescent development.

Adolescents in Umm Adeeb must navigate a landscape far from the normative experiences expected during these formative years. The continuous strain of living in a patriarchal society under occupation intensifies their developmental challenges. Unlike their peers elsewhere, who progress through stages of growth in relatively predictable and supportive settings, these young individuals face a reality where their daily lives are infused with instability and unpredictability. This context severely alters the typical path of adolescent development, replacing opportunities for exploration and identity formation with survival imperatives and forced maturity.



Impact of Trauma on the Internal Map

Trauma as a Disruptive Force:

Trauma can be likened to a seismic event that profoundly disrupts the internal map, which is crucial for managing life's complexities. This disruption can distort one's perceptions of safety and trust, alter emotional responses, and reshape memories and identity. The stability and predictability that the internal map once provided are compromised, leaving individuals feeling lost and disoriented.

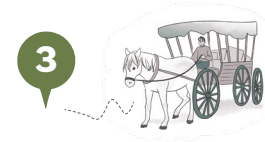
A traumatic event can create "no-go zones" within the internal map; areas linked to intense fear or distress that individuals tend to avoid psychologically. This avoidance can manifest as emotional numbing, hyperarousal states where one is constantly on alert for potential threats, or other behaviours aimed at evading psychological pain. These reactions are often unconscious and automatic ways to deal with a suddenly dangerous mental situation.

Reconceptualizing the Internal Map:

Traditionally, the term "internal map" is used to describe cognitive processes related to spatial navigation and memory, which are fundamental components of our psychological makeup. However, in our discussion, we extend this concept beyond its conventional boundaries to include how individuals construct mental frameworks to orient themselves within their social and emotional environments.

These mental frameworks, which indeed involve memory, perception, and other cognitive functions, help individuals develop a coherent sense of self and navigate their personal and interpersonal worlds. Thus, the "internal map" is not only a cognitive construct but also a comprehensive psychological tool that continuously evolves, shaping how we perceive challenges and interact with others.

In places where people face constant trauma or oppression, such as war zones, their internal sense of direction and understanding can become very confused, causing them to feel lost and distressed. Using ideas from psychoanalysis, we see that this internal map includes not just knowing where things are physically, but also understanding emotions and relationships. It helps people know who they are, how they see others, and how to handle their feelings



and connections. Trauma messes up this internal map, leading to broken relationships, changed views of oneself, and problems with handling emotions.

Jamal's Journey: A Case Study in Umm Adeeb

In the heart of Umm Adeeb, Jamal, a 13-year-old boy, faces the tough challenges of growing up in a place troubled by political conflict. His father, who played a big role in his emotional growth, has been detained. This leaves a huge gap in Jamal's life, affecting his mental and emotional well-being.

Jamal's mother works hard to support the family, dealing with financial problems and emotional stress. Despite her efforts, the absence of Jamal's father has a strong impact. She tries her best to provide love and stability, but she is often overwhelmed by the need to earn money and cope with her own feelings of grief and fear.

Without his father's guidance, Jamal struggles through his teenage years. He often feels lost and his behaviour starts to show signs of aggression and withdrawal. These actions are his cry for help as he faces a reality much harsher than that of most kids his age.

The Fragmentation of Jamal's Internal World

For Jamal, the world inside him mirrors the restricted streets of Umm Adeeb. Just as soldiers and checkpoints limit his physical freedom, psychological barriers constrain his emotional and cognitive growth. The trauma of his father's absence and the constant exposure to oppression have fragmented his internal map, creating "no-go zones" in his mind; areas fraught with unresolved pain that he instinctively avoids. This internal disarray manifests as withdrawal and aggression, signs often misread as behavioural issues.

Therapy with Amjad: Rebuilding the Internal maps

In the therapeutic space, Amjad does not label Jamal's behaviours as symptoms of conduct disorder but sees them as manifestations of deeper psychological wounds. Amjad approached Jamal differently from others in his environment, perceiving his defiant behaviour as a communication of internal "no-go zones" that were difficult to access.

This shift in understanding changed how Jamal responded to Amjad; he no longer felt the need to maintain his defensive stance of "don't come close and don't talk to me, I will react." Amjad's willingness to approach these sensitive zones without fear allowed Jamal to lower his defences and gradually let him in. Each session becomes a step toward mapping the previously unexplored territories of Jamal's psyche, transforming "no-go zones" into areas of understanding and acceptance.

Jamal's initial reluctance to open up stems not from defiance but from the deep-seated fear and trauma associated with his "no-go zones." The parallels between his restricted external movements and stifled internal emotional mobility are evident as he struggles to navigate through both. These internal barriers gradually begin to dissolve as the therapeutic relationship deepens, revealing the potential for healing and growth. As Jamal becomes more comfortable articulating and exploring these areas, he gradually uncovers a path toward healing, recognizing that the process involves understanding and integrating these difficult experiences.

Educational Struggles and Social Challenges

Jamal's mental state affects his school and social life. At school, his anxiety and stress make it hard for him to focus and interact with others. These problems with learning and socializing are connected to his overall psychological struggles, so he needs a holistic approach to help him develop and feel better.

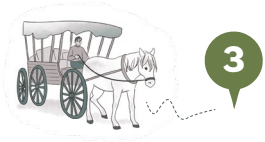
Understanding Jamal Beyond His Behaviour and Symptoms

Through Jamal, we see adolescence under siege as an unfolding story: a young person working to make sense of a disrupted world, not a checklist of symptoms.

The moment his father was detained, Jamal repressed an important part of himself. He had to act as an adult immediately, unable to live as a typical adolescent. While Jamal exhibited intolerance and confusion at home, his behaviour at school was markedly different. He was quick to react with frustration to small irritations, things most kids might easily overlook. Often, he would withdraw from group activities or sports, where teamwork was essential. His absences from class became more frequent, as he quietly resisted a system where he felt out of place and unseen. While these behaviours were signs of his struggle with identity; they were cries for help in a world that constantly criticized him. Everywhere he turned, he was reminded that he needed to "grow up" and become "the man of the house," burdening him with expectations he wasn't ready to meet. His teachers and classmates urged him to be strong for his mother, questioning how he could add to her challenges. These pressures only deepened his sense of isolation and misunderstanding. There was no relationship to hold together the torn pieces of his self.

One afternoon, Jamal brought an old soccer ball to Amjad's office. He shared that he used to play with his father in a nearby field before it became too dangerous. "*We haven't played in months*," he said, turning the ball over in his hands. Amjad used this moment to help Jamal discuss his feelings of loss and to explore ways to find new activities that could bring him joy and a sense of normalcy.

Through the careful and empathetic guidance of his therapist, Jamal begins to see a path forward, learning to thrive despite the constraints that bind him. In the sessions, Jamal could collect all these fragmented parts of himself through a trusting relationship with Amjad. He could be the child who lost his father, expressing his grief and anger about the injustice. He could also be the adolescent who wants to stand by his father and grow, finding and defining who he is.



In another session, Jamal brought a drawing he had made of his family, but his father was depicted as a faint outline in the background. "*He's there, but not really*," Jamal explained. This became a pivotal moment in therapy, as Amjad helped Jamal process his feelings of loss and absence, allowing him to express his grief in a safe space.

In Jamal's therapy, Amjad focused significantly on refining his "internal maps;" the emotional constructs that help him understand who he is, where he is heading, and how to interact with the world. These maps are crucial for Jamal's self-awareness and his ability to manage challenges, forming the core of the therapeutic work. Shifting Jamal's inner perceptions is only one aspect; the transformation also depends on addressing the external realities that continue to impact him.

With his father's absence leaving a significant void, Jamal is prematurely pushed into roles that require more maturity than expected at his age. This external shift poses new challenges to him, necessitating adjustments in both his self-perception and his approach to external responsibilities.

During therapy, Amjad tackled both of these aspects. By revisiting and refining his internal maps, Jamal develops a clearer, steadier way to make sense of his emotions and motives. At the same time, Jamal plans for the external pressures he faces so that his inner growth is paired with practical steps for new challenges. Together, this builds a stable base and helps him meet the world with more confidence, linking inner understanding to the realities of his life.

For Jamal, one of the breakthroughs came when he started writing letters to his father, even though they couldn't be sent. "*It helps*," he said, "*like I'm talking to him again*." These letters became a bridge of their own, helping Jamal to feel connected and grounded, even in his father's absence. Jamal learned that all these parts of himself, grieving, growing, and expressing his identity, are essential for rebuilding and integrating. This understanding allowed him to find direction while he is grieving and also to grow and express who he is. He no longer needed to push away parts of himself to survive, which reduced the anger he expressed through his behaviour.

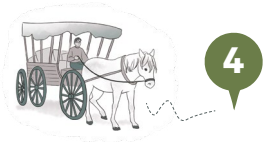
Station 4: The Inability to Play: Lost Childhood in Umm Adeeb

Introduction

In the village of Umm Adeeb, children live under constant violence and oppression. Amjad works tirelessly to help both adults and children. He has observed a troubling pattern: many children who come to his clinic cannot truly play. Although they engage in activities that might seem like play, Amjad realizes these behaviours are deceptive. They lack the genuine imagination and spontaneity that characterize true play. This station explores Amjad's journey to understand why this inability to play occurs in Umm Adeeb, considering both individual and community perspectives.

The Importance of Play

Amjad reflects on the importance of play in a child's life. According to Huizinga (1950), play is a defining aspect of human existence and the foundation of culture. It extends beyond practical needs and everyday activities, providing the basis for creativity, worship, religion, and other symbolic dimensions of humaity. Similarly, Schiller says, "...play, and play alone, that makes man complete and displays at once his twofold nature" (Schiller, 2005, p. 63). Freud also emphasizes that three things are essential for humans: love, work, and play (Freud, 1930). Even in difficult situations, play can rescue one from distress.



A playful attitude can also transform threatening experiences. For example, a young child who is frightened of getting into the bath refuses to enter the water. Rather than arguing or forcing the child, the caregiver places a few toy boats and cups in the bath and says, "Let's see if we can make a little lake for the ducks." Although the water itself has not changed, the child begins to experience it differently and gradually enters the bath through play. Winnicott (1971) argued that play creates a potential space in which external reality and imagination meet, allowing experiences that initially feel overwhelming to become emotionally manageable.

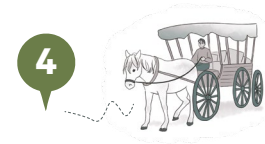
The Absence of Play in Umm Adeeb

In his clinic, Amjad witnesses the absence of play in various, often heartbreaking, forms. He recalls a child who enters and begins pouring out objects, scanning the room, moving frenetically from one thing to another. The child picks up items only to drop them moments later, never engaging in meaningful play. The objects seem to hold no significance; perhaps the child struggles with sensory regulation or hyperactivity. There's no spark of imagination, no game emerging from the chaos created.

Another child clutches a toy car and carries it around the entire session. The car is not a vehicle of his fantasies; instead, it's an object leaving imprints on his hand. For this child, who shows signs of autism, the sensation of the metal is more meaningful than the toy itself. He has no attachment to it; if the car disappeared, he wouldn't mourn its loss. He'd simply replace it with another object and continue his repetitive movement, devoid of any imaginative play.

Then there's a third, more subtle and deceptive example. A child arrives dressed in a Superman costume, which he dons ritualistically, almost compulsively, in the same way every session. He fastens the belt with precise consistency, and a repetitive script unfolds, dozens of times. Initially, it seems playful, but as the rigidity and repetition set in, Amjad realizes there's no real play happening; just a ritualistic routine.

Amjad also thinks about a child who can't bear to lose. As they play checkers, the mere whiff of defeat sends the child into a frenzy. The child might abruptly leave the game or, worse, angrily flip the table, unable to cope with the emotions that come with losing. This isn't limited to children; even adults can spend entire sessions engulfed in intellectual chatter, avoiding the essence of genuine interaction.



These scenarios paint a vivid picture of the absence of play. They raise the question: what is really happening here? In each case, the natural, joyous, and healing power of play is conspicuously missing, leaving a void that words alone cannot fill.

Understanding the Loss of Playfulness

What has been damaged or failed to develop that hinders playfulness? Play is universal and natural, even genetic. Copolillo and Marans highlight that play allows for mastering control, offering a profound sense of dominance and agency. It provides an outlet for impulses, enabling their sublimation, and strengthens the ego. Moreover, through rule-based board games, it refines and processes the superego (Copolillo & Marans, 2002).

According to Bornberg, and as echoed by Frankl, play has a crucial function of integrating opposing parts of the self. Imagine a child playing cops and robbers; through this imaginative play, they reconcile conflicting parts of their identity. Or consider a child who pretends to be a cruel teacher and a failing student; these are self-aspects being harmonized through the act of play (Bornberg, 2005; Frankl, 1984).

Play also provides a vital encounter with fate and chance, especially in board games. This experience is invaluable, teaching children to cope with the unknown, particularly in cultures that deeply believe in the power of destiny. It facilitates a transition from passivity to activity, a shift that is incredibly important in trauma work.

The Philosophical Rhythm of Play

Winnicott offers a profound definition of play, describing it as the dialectic between the external and internal worlds, between imagination and reality, the tangible and the fantasy. This interplay builds what he calls the "potential space," crucial for the development of language, thought, and creativity. Winnicott asserts that this space is the essence of life itself (Winnicott, 1971).

Winnicott beautifully describes how play evolves from the simple yet profound notion of the transitional object, gradually transforming into playfulness and constructing what he calls the potential space. This space is where imagination and reality, internal and external worlds, come together. But play is inherently fragile. Winnicott explains that play must meet certain conditions to thrive. It

is delicate; a simple reprimand such as "Why did you do that?" or "That's not how it's done" can shatter the playful atmosphere in an instant.

Play needs to be dynamic. The absence of play manifests as rigidity and a lack of change. It must be exciting, but not overwhelming; otherwise, the emotion it stirs up can drown the essence of play. Boundaries are essential: reality, a beginning, and an end, because play without these elements loses its structure and, thus, its essence (Winnicott, 1971).

In therapy, Jacques Derrida's idea of play shows us how opposites can coexist and influence each other (Derrida, 1978). A clear example is children playing war: they experience both the thrill of battle and the safety of make-believe. In this playful space, fear and fun come together, just as Derrida suggested, allowing them to encounter their opposites; feeling strong yet vulnerable, brave yet scared, all within the same moment.

Children, when faced with real-life challenges that feel overwhelming, can use play to soften these harsh realities. Through play, fantasy and reality meet, internal feelings and external situations merge. This approach helps them process difficult emotions in a way that feels more manageable and safe. They don't have to choose between one feeling or another; they can embrace both simultaneously.

Esther Bick's work further deepens this concept, highlighting the therapeutic necessity when natural play is absent. She argued that if play doesn't arise naturally due to anxiety or trauma, the therapist must actively engage, bringing movement and flexibility into the rigid spaces within the child's psyche. A therapist's passive stance will only perpetuate the child's fixated states, but their active participation can help break these cycles, promoting flow and change (Bick, 1968).

This same concept applies to adults, particularly in therapy or relationships. When relationships become rigid, they often fall into "either-or" thinking: viewing things as good or bad, right or wrong, black or white. However, in a more flexible, playful dynamic, opposites can coexist. Therapy encourages this kind of "and-and" thinking, where differences aren't sources of conflict but opportunities for exploration. True dialogue, in this sense, is a form of play: a space where opposites and differences can meet and be understood. When dialogue becomes rigid and stuck in "either this or that," it's no longer a conversation but a confrontation. Playfulness allows for nuance, where conflicting emotions, perspectives, and experiences can find common ground.

Reality and the Inner World

There is reality and there is the inner world, where opposites coexist. Derrida and Winnicott do not suggest an absence of truth but rather an absence of absolute truth—an absence of absoluteness. The playful movement is this flow, allowing for the integration of opposites. Winnicott defines play as neither entirely internal nor external; it is not solely within the psyche because that would be an omnipotent fantasy, nor is it strictly reality because that is beyond one's control. It is both. This is why Winnicott states that the therapist's role is to create an atmosphere, an environment, a space where this can happen (Winnicott, 1971).

Children growing up in war zones and areas of conflict experience a harsh reality that strikes at the very core of their being. The constant threat, the fear, and the trauma collide with their inner world, making it almost impossible for the delicate balance of play to flourish. These children are robbed of the natural ability to integrate their experiences into play because their reality is too overwhelming and concrete, leaving little room for imagination and fantasy.

Therapeutic Interventions

Perhaps, drawing from Bion, we can say there are two types of therapy. One type involves uncovering what was once written on the slate and erased: essentially revealing what lies behind defence mechanisms, and what has been repressed, making the unconscious conscious. In cases where there is no play, our role is different. Our role is building the slate on which one can write in the first place, a much more fundamental task (Bion, 1962).

Ogden writes about the potential space, illustrating four scenarios where playfulness is absent. These are dialectical fractures between the internal and external, a rupture in the potential space. The first scenario is where reality dominates fantasy, known as concretization. This is seen in neurotic conditions: rigidity, one-dimensionality, meaningless speech devoid of inner world, imagination, or creativity. Ogden suggests that this is a defence against the inner world. For example, a child goes to a puppet theatre and sees a show but cannot enjoy it because he is acutely aware that the puppets are cardboard figures attached to strings. He is right; that is reality as it is. But it is meaningless if he does not imbue it with his inner world (Ogden, 2001).

In war zones, the stark and brutal reality often overwhelms the inner world of children. The relentless presence of danger and the loss of safety make it difficult for them to engage in the imaginative and flexible thinking that play requires. Instead, they may become rigid, focused solely on survival. Their speech might become monotonous, devoid of the richness that comes from a mind free to wander and dream. This rigid fixation on reality is a protective mechanism, a defence against the terrifying unpredictability of their lives.

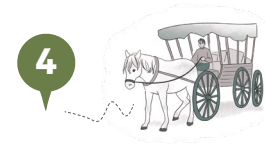
These children, much like those described by Ogden, might watch a puppet show and see only strings and cardboard, missing the magic that turns those figures into characters with stories. Their reality has taught them that there is no room for fantasy when the world around them is falling apart. For these children, the therapist's role becomes even more critical. Therapists must create a space where it is safe to dream, to imagine, and to play; a space where the inner world and the harsh external reality can coexist and begin to heal (Winnicott, 1971; Ogden, 2001).

Recognizing the Absence of Play

Recognizing the absence of play takes time. We see it in the repetitiveness and monotony of actions, with no progression within or between sessions. The child's behaviour becomes a ritual, a repetitive loop with no end in sight. As therapists, we might start to feel stuck and bored, a countertransference indicating a defensive mechanism at play, blocking true engagement and growth. It takes a while for these feelings to crystallize, but they are crucial indicators of a lack of play.

Consider a seemingly simple yet deceptive behaviour: a child repeatedly asks, *"How much time is left?"* Initially, it might seem like he is eager to extend the session, but he wants more time with you. But upon deeper reflection, considering the countertransference, we understand he is echoing the therapist's unspoken question: *"How much longer do we have to endure this stagnation until it's over?"* (Ogden, 2001).

These realizations highlight the fragility and complexity of play. It is a delicate dance between the inner and outer worlds, and when disrupted, it manifests as rigid, repetitive behaviours that serve as coping mechanisms rather than pathways to healing and growth.



The Therapist's Role

The therapist might not feel an authentic connection with the child when there is an absence of playfulness. The child does not need the therapist, does not notice them. The therapist, whose role is to bridge the internal and external worlds, between imagination and reality, remains unrecognized by the child. For example, in the clinic, the child's repetitive and boring play continues until a game of hide-and-seek emerges. Hide-and-seek is a loaded and exciting game, confronting existential anxieties: Will they find me or not? Will they even look for me, or will they forget me? But above all, it reflects the existence of an internalized object, object permanence.

If we refer back to Frances Tustin's insights on children who cannot play, in "autistic states," these children develop two forms of defence. Like children in war zones who confront the world's harsh realities prematurely, they are overwhelmed by difficulties and regulation issues, needing two total defences. Tustin calls one "autistic objects" and the other "autistic shapes." The first, like the child with the car, denotes a lack of symbolic meaning; it serves sensory purposes, providing a sense of stable existence. It offers a barrier against the threatening external world, something that is both me and not me, hence it is not play. It does not bridge the internal and external (Tustin, 1981).

Autistic shapes are distinct sensory elements, such as repetitive circular movements, meant to merge with objects and the world, offering protection. The use of these sensory shapes prevents the creation of an internal world, images, or fantasy, which is the essence of play. This rigid adherence to the concrete and sensory experience stifles the development of imagery, memories, thoughts, and identification necessary to enjoy play. To appreciate theatre, one must empathize with the characters.

Tustin emphasizes the importance of the therapist's active role in the absence of play. Without this intervention, the child remains stuck in a routine, with no creation of an internal or external world. The therapist must be dynamic, breaking through the rigid sensory-motor experience to help the child develop the ability to play, nurturing a connection between their internal world and the external reality (Tustin, 1981).

Recognizing the absence of play in children who live through oppression and daily trauma is not a simple task. These children often lose their childhood and the very essence of what it means to be a child: the ability to play.

Healing Through Play

In such environments, the brutal reality often overwhelms the child's inner world. The constant threat, fear, and trauma blur the boundaries between inside and outside, reality and fantasy. The internal world, with all its dreadful fantasies, becomes indistinguishable from the harsh external reality. This blurring worsens the absence of play. When such blurring occurs, the child cannot explore the external world to learn about their internal world, and vice versa.

Restoring the ability to play is crucial for treating trauma in children and young people. Playfulness holds significant value in trauma work. Children's games contain many elements that help them cope with and confront their traumas. For instance, when we were children, we played war games, bringing dead characters back to life, and dealing with death and the fear of death. For children living in real war zones, this type of play might be too real and overwhelming.

In these situations, the activities that build the metaphorical slate must come first. As Bion suggests, we must first provide an eraser before children can work through their traumas (Bion, 1962). Alvarez emphasizes that interaction must be active; the therapist must improvise, adapt, move, intensify, and flow to inject life into the sessions. The goal of the absence of play is to bring us to a state of mechanical control, devoid of spontaneity. Children who lose the ability to play lack a sense of narrative, space, or time. There is no causality or sequence; they are like sheep without a shepherd, as Alvarez puts it (Alvarez, 1992).

Consider Bonovitz's case study on the absence of play. It demonstrates how far we need to regress developmentally to reach the sensory-motor experience. In this example, a ten-year-old boy with a long history of severe trauma—losing his father as an infant, a depressed mother, abuse in foster care, and being shuttled between institutions—shows no inclination to play. He walks with his head down, wrapped in a hat and coat, avoiding any communication. The toys in the room seem meaningless, mere objects.

In such cases, the therapist faces a dilemma: sink into the trauma with the child or become actively engaged. Simply waiting does not work, nor does a passive stance. Then, almost by accident, the child starts tapping on the table; two taps. The therapist responds with two taps. This begins a process that Bonovitz describes in three stages: imitation, state sharing, and intersubjective experience. The first stage, imitation, involves mimicking the child's taps, gradually building a dialogue. As the child sees responsiveness, a game begins. Especially in trauma, the child tests whether the therapist can survive the exploration of their internal world.

As the tapping evolves, becoming more varied and sophisticated, a dialogue forms. The therapist introduces variations, and the child responds. This intersubjective part emerges, creating a dialogue. In the absence of play, we must return to very basic sensory experiences to build the metaphorical slate that does not yet exist. This concept aligns with Bion's ideas on the absence of dreaming; play is like a dream, and we interpret it as we would a dream. Without play, there is no dreaming, no memory—only acting out. Countertransference becomes the most powerful tool to sense the absence of playfulness, feeling the helplessness, boredom, and repetition, leading to the realization of the absence of play (Bion, 1962; Bonovitz, 2018).

Case Study: Sara's Therapeutic Journey

Sara, an 8-year-old from Umm Adeeb, lives in a setting riddled with conflict and unpredictability. The continuous exposure to the sounds of war and pervasive danger shapes her daily reality, profoundly influencing her behavioural and emotional development.

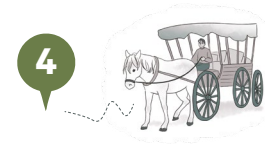
In therapy, Sara exhibits pronounced vigilance and anxiety. Her interactions with toys lack the imaginative narrative typical for her age. Instead, she engages in repetitive patterns, meticulously organizing toys rather than using them for story enactment. This behaviour indicates her need for control and predictability within her chaotic environment.

Amjad, realizing the need for active intervention, introduces Sara to structured play activities designed to rekindle her capacity for imaginative play. These activities, initially direct and structured, gradually shift towards more open-ended scenarios that encourage Sara to make decisions and create narratives, enhancing her sense of agency and creativity.

A significant breakthrough is observed during a sandbox session where Sara constructs a detailed miniature world. This spontaneous play, featuring castles and interacting animals, marks a pivotal moment in Sara's engagement with her inner world of fantasy, suggesting a therapeutic progression towards emotional integration and healing.

Discussion:

Sara's case is emblematic of the challenges faced by children in conflict zones, where the fundamental aspect of play is disrupted. Through targeted therapeutic interventions, such as structured and then gradually more imaginative play, children like Sara can begin to recover from the psychological impacts of their environments. This therapeutic journey underscores the importance of play in facilitating crucial psychological and emotional processing that aids in trauma recovery.



Conclusion and Analysis

Sara's story, along with the experiences of countless other children in Umm Adeeb, shows us a fundamental truth: playing is essential for healthy psychological growth. Amjad's work highlights how trauma and oppression deeply affect children's ability to engage in play, which is vital for their development.

In places such as Umm Adeeb, where violence and uncertainty are constant, children lose their natural ability to play freely. Play is where they can safely explore their world and process their experiences. Without it, they become rigid and stuck in repetitive behaviours, as seen with Sara's meticulous organization of toys.

Amjad's active approach, drawing on insights from Bion, Ogden, and Tustin, among others, shows the crucial role of therapists in bringing back the joy of play. By guiding Sara through structured play activities that gradually become more open-ended, he helps her rebuild her inner world. This space where reality and imagination meet is essential for healing.

The journey in Umm Adeeb reveals that play is a key way for children to process trauma and build resilience. Sara's transformation through imaginative play is a powerful reminder of this. It represents a shift from surviving to truly living—finding joy and meaning despite the harsh realities around them.

Looking at this from a broader perspective, the disruption of play in war-torn areas is part of a larger pattern of systemic violence that crushes creativity and imagination. Restoring play within therapy is an act of resistance against this oppression, reclaiming a fundamental right: the right to a childhood filled with creativity and joy.

Sara's story and Amjad's practice offer important lessons for therapists everywhere. They highlight the need for patience, creativity, and active involvement in therapy. They also show the importance of understanding the broader social and political context affecting children's lives. By creating a safe space where play can flourish again, therapists help children piece together their fragmented inner worlds, rebuild their sense of self, and develop the strength to face their futures with hope.

In the end, the ability to play is a cornerstone of psychological health and healing. In Umm Adeeb, where childhood is scarred by conflict, restoring this ability is crucial for the community's well-being..

Key Theoreticians in the Understanding of Play

1. D.W. Winnicott (1971)

Winnicott's theories emphasize the importance of play as a crucial developmental arena where children can experiment with their emerging selves and the external world. He introduces the concept of "potential space," a unique area where the inner and outer worlds meet, allowing for emotional growth and cognitive maturation. In this space, play becomes a vital process through which children explore, create, and integrate their experiences.

2. W.R. Bion (1962)

Bion's work is significant in the context of therapeutic play, particularly in helping children process trauma. He introduces the metaphor of an "eraser," symbolizing the need to clear out old traumas to make way for new learning and growth in therapy. Bion highlights the therapist's role in facilitating this clearing process, enabling the child to engage more fully in therapeutic play.

3. Anne Alvarez (1992)

Alvarez is noted for her dynamic approach to therapy, especially when play is absent in children who have experienced significant developmental disruptions. She argues that in such cases, the therapist must become an active participant, injecting movement into the rigidity and breaking the fixation that can occur in therapeutic settings. Her work emphasizes the importance of dynamic interaction to stimulate psychological growth and reintroduce the possibility of play.

4. Jacques Derrida (1978)

Derrida's philosophy of deconstruction is applied to the understanding of play in therapeutic contexts. He discusses how play involves the intersection of opposites, particularly in states of trauma or psychological challenges. Derrida challenges dichotomous thinking, encouraging the integration of conflicting parts of the self through the fluidity and ambiguity inherent in play.

5. Thomas H. Ogden (2001)

Ogden's work on countertransference is essential in understanding the role of the therapist in interpreting children's questions about time, which often reflect deeper issues related to the progress of therapy and the psychological stagnation experienced by the child. Ogden views these interactions as opportunities to understand the child's internal world and to use play as a means of facilitating psychological movement.

6. Esther Bick (1968)

Bick's contributions focus on situations where play is absent in therapeutic settings. She emphasizes the necessity of introducing movement into psychological rigidity to unlock the child's capacity for play and emotional expression. Her work is critical in understanding how therapists can intervene to create the conditions for play when it is otherwise stifled.

7. Johan Huizinga (1950)

Huizinga explores the fundamental importance of play in human culture, arguing that it extends beyond activity to take on a significant role in creation, worship, and existential exploration. His work highlights how play is central to the formation of culture and identity, serving as a critical space for creativity and the suspension of reality.

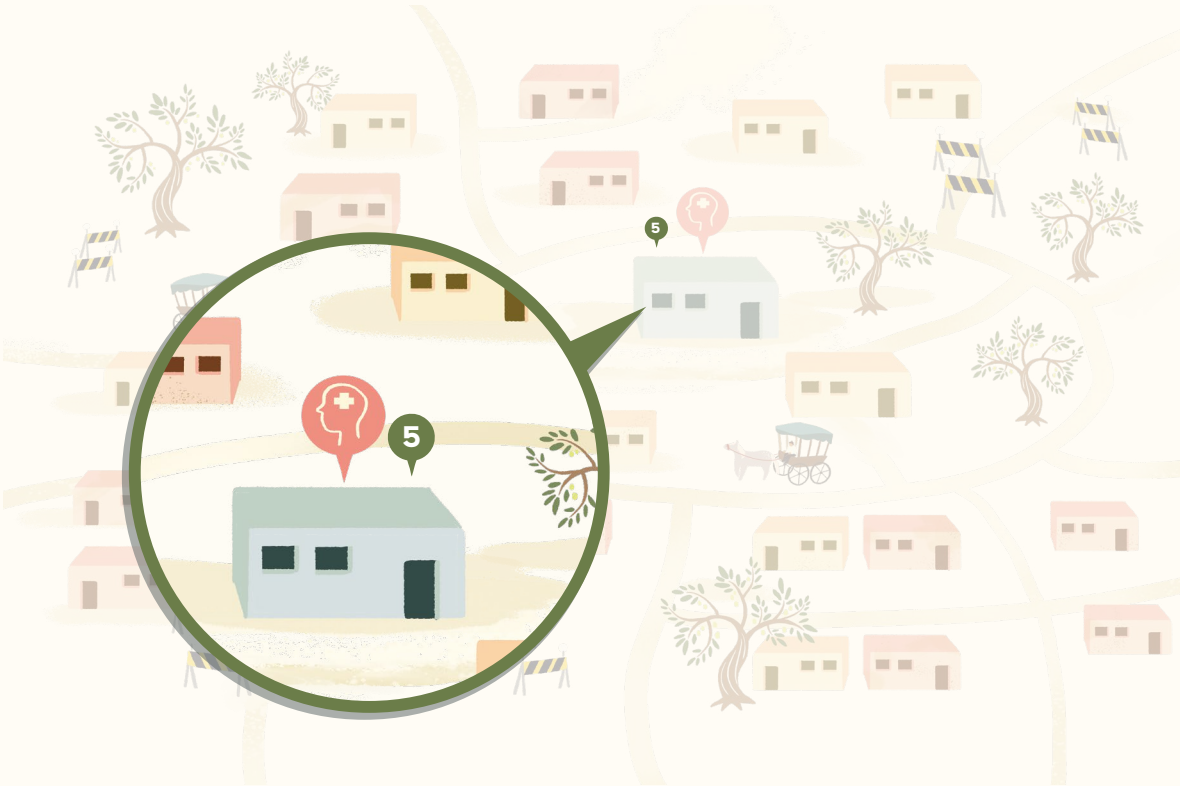
8. Friedrich Schiller (1795)

Schiller articulates the idea that play is integral to achieving true humanity and wholeness. He suggests that through play, individuals express their humanity and cultural identity, making it a crucial component of self-understanding and cultural development. Schiller's ideas provide a philosophical foundation for the significance of play in personal and societal contexts.

9. Sigmund Freud (1930)

Freud considers play to be one of the essential elements of human life, alongside love and work. He highlights its necessity, even in adverse conditions, and its therapeutic potential to help individuals overcome distress. Freud's work on play underscores its role in processing emotions and resolving internal conflicts, making it a vital aspect of psychological health.

Station 5: Uniqueness from Unity



This station is the fifth in our chapter, where we continue to explore another aspect of the work of Amjad, the psychologist, in the village of Umm Adeeb. Here, we delve into the unique needs of the children in this village and how different aspects of interventions are essential to the work of therapists in such contexts.

In the village of Umm Adeeb, children grow up in the shadow of constant oppression. The village is under occupation, and the daily realities of life here are stark and harsh. The needs of the children in Umm Adeeb are fundamental and urgent, as they face experiences of trauma from the occupation and the personal tragedies intertwined with their community's story.

This context of struggle sets the stage for the essence of therapy, whether individual or group. Therapy here is rooted in an experiential interaction between two individuals—a therapist and a child—navigating the complexities of their shared environment. At its core, therapy aims to affirm to the child that they exist, they are here, and their presence matters.

The Significance of "You Are Here"

The phrase "you are here" surpasses its simplicity. It embodies the core of existence—identity, presence, and the acknowledgment of a unique being in the vastness of the world. In Umm Adeeb, this acknowledgment is crucial. It recognizes the common humanity shared by all while emphasizing the distinctiveness of each child, each story. This realization is vital for children growing up amid turmoil, as it helps them transform from seeing themselves as passive recipients of random events to active participants in life.

When a child understands they are not enduring the world but they are engaging with it, they take the first step towards building a well-defined self. This self-realization is especially significant in a place like Umm Adeeb, where the community's collective story of occupation and resistance meets the individual stories of children such as Mohammad, whose father died after a long illness. For these children, the journey to self-awareness and emotional understanding is intertwined with their community's broader struggles.

Understanding Self in Umm Adeeb

In the village of Umm Adeeb, many children come to therapy without a clear sense of self or a true understanding of their place in the world. These children often mimic phrases they've learned from society, school, or their parents. They can react in a variety of ways—aggressively, by screaming, crying, laughing, or showing creativity by building or destroying objects. However, these behaviours are often fleeting and reactive, lacking a deeper grounding in the continuum of time, which includes their past, present, and future.

Amjad, the psychologist, has observed that some children come to therapy because of specific traumatic events, such as road accidents, severe illnesses, the loss of a significant loved one, or parental divorce. These cases typically require focused interventions, such as counselling or family guidance.

However, the more common scenario Amjad encounters involves children with broader, more complex psychological needs that affect their entire personalities. For these children, the goal of therapy is to engage with their whole being. The goal is to help them develop a coherent and integrated sense of self, which is essential for their growth.

Therapeutic Perceptions and Patient Reflections

Amjad's reflections on his cases reveal how our understanding of therapy has evolved. Today, therapy is perceived as an encounter that forms a unified experience for the therapist and patient. This unity primarily aims to support an organized and coherent self within the individual.

Often, Amjad hears adult patients express sentiments such as, "*I feel much better but I don't know why.*" He interprets such statements as indications of a newly found sense of self—one that they hadn't experienced before. Many patients struggle to pinpoint the step that led to improvement. Change arrives as a profound, holistic shift: a realization of self that takes shape through ongoing interaction with the therapist, more than through any single sophisticated interpretation. This therapeutic space allows patients to explore their aspirations and manage their impulses, leading to self-discovery and emotional understanding. Rather than simply describing their feelings or seeking to please others, patients engage deeply with their inner selves. In this process they start answering "Who am I?" or "What am I?", and experience a continuity of being: an enduring presence that defines the therapeutic journey.

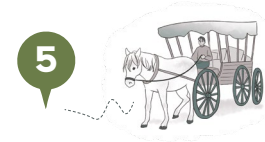
Such experiences highlight the core aim of therapy: to cultivate a unique yet unified self through continuous engagement. This isn't the result of any specific intervention by the therapist, but rather the outcome of the therapeutic environment and the relationship that develops within it.

Winnicott's Insight on the Mother-Infant Dyad

In 1960, D.W. Winnicott described the parent–infant pair as a single "unit," arguing that an infant's existence is bound up with maternal care. The unit is not just two parts added together; it's a new whole created by their interaction. This view grounds psychoanalytic work, which takes the caregiver–patient relationship as central to change.

Amjad often reflects on Winnicott's insights when working with children in Umm Adeeb. Therapy, in his view, aims to cultivate a child's sense of individuality through a partnership that encourages unique personal development. A compelling example of this can be seen in a session Amjad had with Nesreen, a nine-year-old girl.

During one of the sessions, Nesreen exhibited intense emotional behaviour. She took a doll she had been playing with for hours and dramatically announced



her intention to throw it in the trash. Her behaviour escalated as she began to express a desire to destroy the doll, lashing out at both the doll and Amjad, accusing them of being senseless and worthless. "*You're stupid, just like me,*" she said, directly challenging Amjad's capacity to help her.

In that moment, Nesreen demanded an emotional response from Amjad, repeatedly saying, "*I want you to cry,*" trying to draw him into her emotional state. Amjad later realized that his initial response—thinking to himself, "*Nesreen is now angry; what is actually happening to her now?*"—was too detached. He understood that rather than observing her as a separate entity, he needed to acknowledge and engage with her emotional expressions as part of one unit. This shared emotional experience was crucial for therapeutic effectiveness, helping Nesreen navigate and integrate her feelings constructively.

By addressing only Nesreen's perspective, Amjad inadvertently reinforced the division between them, when instead, affirming their connectedness—even in moments of distress—could cultivate a shared pathway towards healing. This realization prompted him to consider more inclusive approaches, aiming to rephrase thoughts of his interactions to, "*What is happening to us now?*" This shift in dialogue could significantly alter the therapy's path, emphasizing the unity and togetherness necessary for Nesreen to feel part of a supportive and understanding relationship where her unique self could safely emerge and thrive. Importantly, this reflection on improving interaction remains a thoughtful insight for Amjad, setting a foundational thought for future sessions. He plans to promote a sense of unity by emphasizing "we" in their discussions, subtly shifting the focus from individual perspectives to a collective experience, thereby emphasizing that they are facing these challenges together as one.

Integration and Unity in Therapy

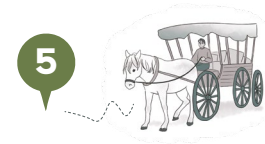
The process of self-development extends beyond containment, which often suggests a temporary or reversible holding of experiences. Earlier sections highlighted containment as a crucial healing mechanism, providing a safe psychological space for children to confront and manage their emotions. This section, however, seeks to emphasize that true self-development requires additional steps. Containment is essential for stabilization and initial processing of emotional states, but it is just the beginning of a larger journey towards deeper, transformative change.

This journey involves integrating these experiences into one's ongoing narrative, enhancing sustainable and enduring personal growth that builds upon the initial relief offered by containment. Containment is vital as it builds a supportive structure for initially managing and holding emotional experiences. However, the process does not stop there. Deep integration takes these contained experiences and fully embraces them, including aspects of our experiences that were previously excluded from our conscious self.

This deeper integration incorporates these experiences into the very core of our being, making them a permanent part of our identity. It builds on the stabilizing effects of containment by transforming these experiences into essential elements of our personal narrative. This approach not only preserves the gains made through containment but also moves the individual toward a transformative process of self-discovery and enduring change.

Integration also involves embracing both positive and challenging experiences, acknowledging them as integral parts of who we are. This could be due to the discomfort they cause, the complex emotions they stir, or simply because we previously lacked the mature self concept that is needed to process them. Such experiences might include traumatic events such as the early loss of a parent, the upheaval of a parents' divorce, or the arrival of a new sibling: events that profoundly shape one's developmental path.

In cases where a child is unable to integrate such experiences due to their young age or immature psychological defences, the role of therapy becomes crucial. Therapy helps integrate the child's fragile self, enabling the assimilation of these complex experiences in a manner that nurtures a healthier, more resilient identity. By guiding children through this process of integration, therapy aims to build a coherent sense of self that includes all facets of their experiences, transforming potential vulnerabilities into sources of strength.



Case Study: Mohammad's Journey

Mohammad's story is a touching example of how therapy can help a child integrate complex and painful experiences into their developing sense of self. At four and a half years old, Mohammad had already faced significant trauma. His father had passed away after a year-long battle with severe cancer, and Mohammad had been very close to him during his illness, witnessing his gradual decline and his mother's struggle to cope.

Struggling with developmental delays, particularly in language, Mohammad found it increasingly difficult to express himself verbally. This inability to communicate his feelings and needs turned into behavioural challenges. At kindergarten, he became known for his stubbornness and conduct problems, which his mother found overwhelming to manage alone.

As the situation at home and school grew more complicated, Mohammad was referred to therapy at Amjad's clinic. There, he started to use play as a form of expression, symbolically fighting the battles he couldn't articulate with words, guided by the understanding and patient care of his therapist, Amjad.

In one session, Mohammad energetically proposed, "*Let's throw more rockets at the chair,"* a game they played repeatedly for his enjoyment. He would set an empty box on the chair, and they, sitting lower on the floor, would throw darts at it. They alternated throwing with shouts of *"Another rocket for the box,"* while Amjad added, *"Box, see how we reach you and touch you from afar."* Mohammad was thrilled about this. After all the darts were thrown, a quiet settled over them. Mohammad then took some blocks while quietly looking at Amjad and said, "*Build a creature like me."* He built with blocks, and Amjad built alongside him, ensuring both creatures were similar, with Mohammad's being smaller but both having numerous legs and arms.

Mohammad's reference to "saltaoun" ("crab" in English) and "sertaoun" (combination of the words "saltaoun" and "saratan," both words meaning "crab" in English) mirrors the concept of integration. His usage of these words, likening them to word of "cancer,"—as the "saratan" alone means "cancer" as well as "crab" in the Arabic language—reflected

his attempt to make sense of his father's illness. Mohammad combined "saltaoun" with "saratan" to create a new word, "sartaoun," symbolizing his understanding and merging of these concepts. This neologism showed his attempt to integrate the harsh reality of his father's illness into his young existence. He turned to play, using the "rockets" game to symbolize his fight against "cancers/crabs," not just in a physical sense but as challenges within his life.

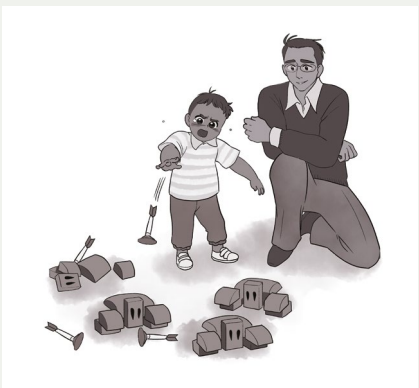
Mohammad: *"This is a 'saltaoun' and this too is a 'saltaoun', 'sertaoun', 'saratan'"*

Amjad: *"There are two crabs (cancers), a small and a big one..."*

Mohammad: *"Right, look, they have spikes... Now let's throw rockets at them, let's attack them..."*

As they threw rockets at the crabs/cancers,' Amjad articulated their collective defiance, and Mohammad echoed this sentiment: "*We are attacking you, crabs/cancers*," repeatedly affirming that they deserved retribution for their assaults.

Amjad: *"Do you hear that, crabs—crab/cancer and more crab/cancer? You attacked with strong pinches, and it hurt very, very much. Do you hear???"*



Mohammad confirmed, "*Right, exactly, do you hear???"*

Amjad continued, "*You attacked the body with your painful stabs and made it terribly painful and sick..."*

Mohammad asserted, *"Right... and now we are attacking you so you won't attack anymore with stabs, and we'll defeat you. You won't have stabs anymore..."* He then angrily dismantled the limbs from the crabs and killed them. When he was satisfied, he added, "*Now they are not dangerous."*

Amjad expressed Mohamad's deep frustration, *"You are very angry at the crabs that caused you so much pain, that attacked your dad's body and made it painful, sick, dead, and took him from you..."*

Mohammad, with a quiet and sad expression, agreed. *"Right."* They sat in silence, reflecting on the depth of the situation.

This example vividly illustrates the importance of Mohammad integrating the traumatic experience of losing his father into his sense of self. The child perceives his father's loss as an intrinsic part of his own identity; an experience fraught with mixed emotions such as longing, anger, and loss. Only when Mohammad feels this loss as a component of his own being can he begin to manage and prevent the trauma from overwhelming him.

Conclusion

Amjad's therapeutic approach with Mohammad highlights the critical role of unity in the healing process. By building something similar to what Mohammad was constructing, Amjad established a sense of unity and connectedness. This unity allowed Mohammad to feel safe and understood, providing the foundation for him to eventually grow and separate healthily.

Through their shared activities and emotional engagement, Amjad helped Mohammad find his unique self, complete with his own story of trauma. This inclusion of the traumatic event into his self-concept was vital. Instead of excluding this part of his experience, Mohammad began to deal with his trauma by integrating it into his identity, allowing him to grieve properly.

Dealing with trauma, even at a young age, involves incorporating the traumatic event into the self. This integration is essential for healing, as it transforms the experience from a source of pain into an element of personal strength and growth. By embracing all facets of his experiences, including the profound loss of his father, Mohammad could start to navigate his path forward with a more coherent sense of self.

Station 6 : Penetrating the Therapy Room (shared reality between therapist and patient)

In Umm Adeeb, a village under occupation and constant threat, therapists such as Amjad face a unique challenge. They must create a therapeutic counter space amidst ongoing violence and disruption. Occupation affects therapy, so both psychological needs and physical safety must be considered.

In this turbulent environment, therapy needs to adapt. The lines between personal trauma and collective suffering blur, turning the therapy room into both a sanctuary and a place to face harsh truths. Each session recognizes external dangers and integrates them into therapy.

This situation demands flexibility in therapeutic practices. Therapists must find ways to address the overwhelming presence of occupation and clashes while trying to maintain a sense of normalcy and safety. This delicate balance involves treating individual traumas and recognizing the shared pain that affects everyone in Umm Adeeb.

Understanding Patient Needs in Turbulent Times

During military patrols, clashes, or road closures, the village of Umm Adeeb faces many challenges. These disruptions make it hard to meet with patients, as movement around the village becomes dangerous and restricted. Although these difficulties can occur during any crisis, we'll focus on how these external conditions affect the therapy room.

Therapists such as Amjad often find themselves in tough situations during these threats. They must address complex internal issues of their patients while dealing with a harsh external reality. Maintaining a therapeutic counter space and continuity of sessions becomes a challenge when external conditions invade, highlighting the shared reality between patient and therapist. Building a therapeutic relationship becomes even more complex when both are vulnerable to the same threats.

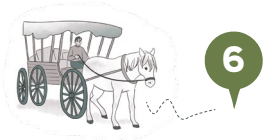
Sana, a 24-year-old from the village, came to therapy because of her struggle with building stable relationships amidst daily familial conflicts. Her constant anger affects her ability to maintain relationships. She is engaged for the second time and is determined to make it work to preserve her father's reputation and avoid bringing shame to her family. However, frequent road closures and clashes near the clinic made it unsafe for her and other patients to reach their sessions. Additionally, military patrols restricting movement complicate the maintenance of a continuous therapeutic environment.

In such cases, external conditions lead to diverse experiences and interpretations among patients. Amjad must navigate these challenges to ensure that Sana feels heard and supported despite the intrusive and dangerous surroundings.

Different Self-object Needs

This section looks at the needs shared by the therapist and the patient during difficult times. We will discuss how interruptions affect the therapy sessions and the strategies both therapists and patients use to cope. It's important to understand that feelings and reactions can change frequently, even within the same session.

We will present three examples with Sana at different times, showing how her reactions in a turbulent environment require different therapeutic approaches. These cases illustrate how one person's state can impact another, creating interactions that shape the therapy process uniquely each time.



Grandiosity and Narcissism as Defence Mechanisms

After weeks of curfew and no face-to-face therapy sessions, Sana returned to the clinic. Amjad had tried to keep regular phone contact and continue their work. When she arrived, she complained about people's reactions in the village, saying she saw no danger in the army's presence. She thought military restrictions were normal and that people complained for no reason, dismissing protests as unnecessary fears and calling them a "movie" people created.

Sana continued, saying quietly, *"I'm not afraid. I walked through the streets without fear of the soldiers. I was always alone. People must be strong; otherwise, we cannot live like this. No one cares, and other villages do nothing. I must protect myself alone."*

Suppressed Anger and Feelings of Abandonment

Sana expressed her suppressed anger due to the sudden interruption of sessions, which changed the therapy dynamics and made her feel abandoned when she couldn't reach the clinic. Military restrictions disrupted the continuity of her therapy. Sana felt that therapy should be a priority and questioned why Amjad agreed to close the clinic.

She fixated on the open window in the clinic, asking why he "exposed her" without protection. What if her fiancé's family saw her coming to the clinic? What would they say about her? Sana felt that Amjad should protect her reputation more. She described his actions as a betrayal, focusing on his mistakes instead of the dangerous situation in the village and the loss of young lives.

Helplessness in the Face of Anger; Helplessness in the Face of Reality

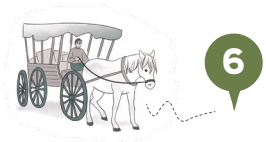
Amjad felt helpless in the face of Sana's sarcasm and anger. It seemed as though she ignored his existence and need for safety, much like the other residents of the village. Psychoanalysts Kohut and Ornstein describe situations where a patient's narcissism erases the therapist's needs, leading to feelings of rejection and aggression. This can make the therapist's responses seem artificial to the patient, causing impatience and defensiveness.

Sana's disregard for Amjad's needs stemmed from her own experiences of feeling ignored by her parents, with the external oppression mirroring her internal struggles. Kohut (1971) suggests that addressing the patient's healthy narcissism can help alleviate these defensive responses.

Amjad tried to explain that they had cleaned the room and aired the clinic, but had forgotten to close the window. He felt annoyed by her demanding attitude and feared she might notice his negative feelings. During their exchange, Amjad realized they were reenacting a dynamic where Sana played the "needy child" and he the "defensive father." He understood that the therapy needed to restore her sense of self, seeking a deeper understanding of her crisis and anger.

Amjad realized that patients don't easily let go of unmet childhood needs. These needs can intensify in situations such as occupation, where neglect feels like a denial of basic rights. Simple matters can become significant, and Sana's reaction to the open window was her way of reclaiming her perceived rights. She felt humiliated by Amjad's lack of concern, triggering her narcissistic rage. In other contexts, her reactions might be seen as a personality disorder.

Amjad reflected on Kohut's advice and approached Sana's defensive grandiosity with understanding and positivity. He made a conscious effort to affirm her worth and acknowledge her strengths, creating an environment where she felt valued and seen. This approach involved actively listening to her concerns without judgment and highlighting her successes, however small they might seem. He also remembered Winnicott's (1965) advice that treating such patients requires extra patience. In practice, this meant that Amjad gave Sana the space to express her emotions and thoughts at her own pace, without pushing her to confront uncomfortable truths before she was ready. He used gentle prompts and questions to guide the therapy, ensuring that Sana felt supported rather than challenged.



Living under continuous oppression and occupation increased Sana's distress and need for control. Her demanding attitude was a way to seek stability in an uncontrollable situation. Amjad aimed to provide a therapeutic space where she could feel empowered and understood despite the chaos outside.

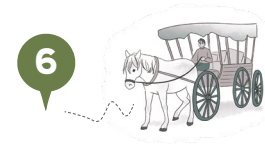
Amjad reassured her that he would do everything possible to ensure the clinic's conditions were suitable for her. He stood up and closed the window, leaving a part open on his side, promising to keep an eye on any military presence to keep her safe. He tried to address both Sana's external and internal realities, becoming a different kind of support for her, unlike the figures in her family. His actions aimed to restore a sense of safety, making the therapy room a nourishing space in her inner world.

Amjad's response raises various questions. Did he act out of guilt from feeling hostile towards Sana? Was his action out of the ordinary? Would it have been better to interpret Sana's words as an attack on their relationship due to her suppressed anger?

These questions take on extra meaning in a place like Umm Adeeb, where constant threat and oppression are part of daily life. Continuous movement restrictions and control might have influenced Amjad's actions, blurring the lines between professional boundaries and human compassion. The daily oppressive reality Sana faces could have amplified Amjad's reactions, leading to feelings of guilt and overcompensation. It's crucial to consider whether Amjad's actions were a genuine attempt to create a safe therapeutic space for Sana or a reflection of the broader struggle to maintain "normalcy" in an unstable environment.

Patients such as Sana need an understanding of their early emotional growth stages. Amjad must carefully examine his approach, recognizing that resistance often stems from early environmental failures. For Sana, interruptions in therapy and the open window were disruptions to her growth and stability. She needs a special, patient approach that allows her to nourish her true self without interruption, understanding her feelings and developing her deeper self. For her, the clinic must remain a stable space.

In Umm Adeeb, where life is constantly disrupted by oppression, the feeling of instability is intense. Sana sees the clinic as a rare place of order in her chaotic world. The threats of road closures, military patrols, and clashes disrupt her sense of safety, mirroring the instability she felt from her parents. These external threats reflect Sana's inner feelings of control, value, and importance. The interruption of her therapy due to external realities has become significant,



making her angry because Amjad allowed it. Similarly, her parents did not protect her from outside dangers, leaving her alone in the orphanage as a child.

Maintaining a stable space for Sana goes beyond safety; it involves providing a consistent and nourishing environment that contrasts with the chaos outside. This highlights the need for a patient and attuned approach, enabling Sana to reconnect with her true self and her real feelings and needs without the defensive mask of strength.

Amjad's decision to close the window was deliberate. It sent a non-verbal message: "I understand what causes your suffering, whether from the past or present. Although your needs were unmet before, now, despite the threats, your words are heard, and your needs are important. I will protect you."

This message acknowledges past traumas and clarifies that the present is being handled differently. It recognizes the difficult experiences of the past while fostering hope for a new beginning. Amjad does not try to regain control or interpret Sana's anger; instead, he creates a space for her need to be heard. In a tone free of defensiveness or retaliation, Amjad defines himself as a different figure, separating himself from the neglectful and oppressive figures in her past.

Amjad transforms Sana's defensive grandiosity into a positive idealization. This approach removes the barrier between self and others, a barrier that created a painful division in the past. The empathetic therapist sees Sana's demand as a rebellion against past neglect and reinforces the hope in this protest.

In the context of occupation, these actions and interpretations gain extra significance. The oppressive environment increases feelings of helplessness and unmet needs. By addressing these needs directly and empathetically, Amjad provides a space where Sana's voice can be heard and valued, countering the silence and oppression she faces daily. This intervention acknowledges her past traumas and affirms her current strength, opening the door to a more hopeful future, allowing her to mature and know her true self.

Addressing Deep Wounds

Sana's anger and defensiveness come from deep wounds caused by years of neglect, oppression, and unmet needs from her parents. By acknowledging her vulnerability and responding to her hidden desires, Amjad aims to create a therapeutic environment where she feels seen and protected. This process addresses her immediate emotional needs and helps restore her fragmented self, strengthening a sense of coherence and trust in an unpredictable and harsh world.

Over time, Sana began to accept that our ability to control reality is limited. She and Amjad are just two among many others subject to the chaos outside. Instead of relying on defensive grandiosity, she started to understand that we are all vulnerable as humans. The therapy nurtured a feeling of shared humanity, showing that while our needs might not be fully met, we can support each other and face reality together, as a community.

Second Scenario: Shared Reality

Transference can take various forms. The following example describes a situation where the patient's emotional pain is recognized and shared, enhancing a sense of shared reality between the therapist and the patient.

In one session, Sana talked about her fiancé, who was supposed to visit her for the weekend. Suddenly, he announced that he couldn't come because the army might close the road between the two villages. Sana explained that their relationship is usually strong and his decision was logical. But this time, she felt a painful sting in her heart and a terrible sense of abandonment and fear, wondering how she would get through the weekend alone.

In this case, Sana did not use defensive grandiosity; she was in genuine pain. Her true self was alive and experiencing real suffering. Amjad knew that her vulnerability to abandonment was very painful for her. Over time in therapy, she had become sensitive to others' needs and expressed her own needs in an organized way. Now, she was regressing to an earlier stage of emotional development.

In the context of occupation, the feeling of abandonment and isolation is intensified. Her fiancé's inability to visit due to external conditions exacerbated her sense of helplessness and loss of control. By acknowledging her pain and sharing in it, Amjad tried to create a therapeutic environment where she felt understood and supported. This space allowed Sana to connect deeply with her feelings and work through the core trauma amplified by the oppressive environment.

The constant instability, unexpected road closures, and perpetual military threats weakened Sana's ability to cope. Her past experiences of being the stable and responsible person in her relationships (often a shell for her true self) added to the burden, making the current situation unbearable. By participating in her pain and acknowledging her sorrow, Amjad aimed to provide a therapeutic space where she felt understood and supported, allowing her to process and cope with these difficult emotions. This meant actively listening to Sana's recounting of her struggles, reflecting her feelings back to her to show that he truly comprehended the depth of her distress. Amjad used empathetic statements to connect with her experiences, such as, *"It sounds like these challenges are really overwhelming,"* and *"You've been carrying a heavy load, haven't you?"* These interactions were designed to validate her feelings and reassure her that her responses were normal reactions to her abnormal circumstances. This approach allowed Sana to feel seen and heard, encouraging her to open up more about her emotions and begin to process and cope with these difficult feelings.

Amjad reflected on her condition, and after months of treating Sana, it was easy for him to feel and imagine her anxiety. He pictured her early life: being placed in an orphanage due to her parents' financial struggles. Her mother visited occasionally, noticed the bruises on her body, treated them, and then left. The little girl did not know when her mother would return. This disrupted her sense of continuous presence and growth, causing instability despite her mother's devotion when present.

For a brief moment, Amjad remembered that at that time, Sana was one of many children in the village facing similar circumstances. He was also a child in the village under occupation, waiting for his father to return from work outside the village. He, too, felt fear and abandonment, recalling his father's exhaustion from the harsh conditions. This memory made him deeply understand Sana's pain and suffering.

Sana spoke to a "twin" without knowing Amjad's story, someone who faced the same uncertainty about a parent's return, creating a moment of mutual understanding and calm.

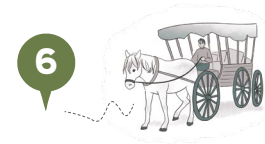
In the context of occupation, these moments of mutual understanding are even more significant. The external environment is filled with unpredictability and danger, making the therapeutic space a vital refuge. By acknowledging Sana's experiences, Amjad aimed to create peace and mutual recognition, being a witness to her suffering. Many children suffer like her in the village, and life goes on without them feeling a sense that there is a witness to their suffering. Being a partner in Sana's suffering, not just a witness, allows her to feel understood and seen despite the chaos outside.

In therapy, Sana no longer saw the therapist as a disappointing figure but as a partner in her experience. Experiencing pain with an understanding person helps build new meaning and strengthens the therapeutic relationship, affirming both Sana's and Amjad's humanity.

These experiences exist from childhood and in daily life. Under occupation, shared experiences can reshape memories, helping Sana feel valued and not alone in facing the external world. Together, they can rebuild her sense of self divergently from her childhood experiences.

Kohut describes "twinning" as a need to find similarity between the self and others (Kohut, 1971). In this case, the therapist found similarity with Sana, summoning the required courage to be a true partner in facing pain.

Symington also emphasizes that facing emotional pain requires courage. Avoiding pain leads to emotional immaturity (Symington, 1983). The therapist must participate in the patient's pain to be part of their self-experience.

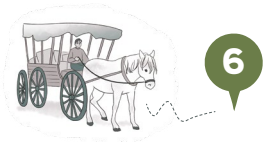


Third Scenario: Achieving Clarity Through "Floating Attention" in Sana's Therapy

Sana struggles with mixed feelings due to her relationship with her fiancé and the oppressive conditions in her village. During one therapy session, she expressed anxiety and anger over unresolved conflict with her fiancé. Amjad, her therapist, observed Sana shifting between feelings of anger, fear, and isolation. Recognizing the depth of her distress and the pervasive interruptions in her life, Amjad decided to employ the principle of "floating attention," a technique where the therapist maintains an evenly hovering, undirected focus on everything the patient says. Instead of focusing on specific points or attempting to guide the conversation, this approach allows the therapist to pick up on subtle or unconscious details that may emerge in the patient's speech. By not intervening, the therapist provides the patient with a space to freely express their thoughts and feelings, which helps uncover deeper factors influencing their psychological state.

This approach marked a crucial shift in Sana's therapy. Throughout her life, Sana had become accustomed to external forces intruding upon her internal world. These interruptions began early in her childhood, with the absence of her parents leading to her placement in an orphanage—a disruption that fundamentally interrupted her emotional development. In her present life, the occupation imposed constant external interruptions, such as the closure of roads that could suddenly halt her daily activities and even disrupt her therapy sessions. These external realities mirrored the interruptions in her personal relationships, particularly with her fiancé, where unresolved conflicts and his absence due to the occupation left her feeling isolated and angry. These constant disruptions prevented her from achieving clarity and knowing herself, leading to conflicts in her relationships and at work.

In response to these pervasive interruptions, Amjad's use of floating attention provided Sana with a different experience: one where she was not interrupted, facilitating a key expressive function of therapy. By refraining from guiding or directing her emotions, Amjad allowed Sana to articulate her thoughts and feelings freely, creating a space where her consciousness could become clearer. This method is important as it supports the expressive function of therapy, which is to enable clients to freely articulate suppressed or confusing emotions and thoughts.



As Sana explored her emotions, she transitioned fluidly between memories of her mother's absence during childhood and her current experiences, such as her fiancé's absence due to the occupation-related issues, along with workplace conflicts that echoed dynamics in her romantic relationship. This process of uninterrupted exploration allowed Sana to connect the dots between her past and present, helping her to understand how these unresolved emotions were influencing her current life. By allowing these expressions, Amjad facilitates a therapeutic dialogue where past conflicts and present struggles are linked, enhancing Sana's self-understanding and emotional integration.

Amjad's approach of not interrupting Sana symbolized a sharp contrast to the external world that had consistently invaded her inner life. By maintaining floating attention, Amjad created a therapeutic space that countered the disruptions Sana was used to: a space where her internal world could flourish without being overrun by external realities. This clarity and acceptance enabled Sana to focus on her internal psychological difficulties without the interference of external chaos. Over time, Sana's ability to concentrate on what truly mattered in the sessions improved, highlighting the strength of the therapeutic relationship. This newfound clarity allowed her to begin resolving her internal conflicts, improving her relationships, and gaining a stronger sense of who she is.

Amjad's decision to use floating attention made all the difference. By becoming a therapist who did not interrupt, who allowed Sana to be fully heard and understood, Amjad provided her with a new experience: one that was fundamentally different from the interruptions that had defined much of her life. This change in their therapeutic relationship enabled Sana to begin her journey towards self-understanding and emotional healing, and a sense of stability and support amidst the ongoing disturbances of her external world.

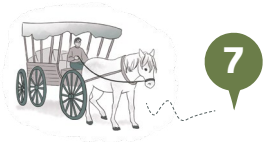
Amjad used the "floating attention" technique selectively during therapy sessions with Sana, applying it whenever it was most needed. This approach allowed him to adapt to Sana's emotional needs at the moment, helping her explore her thoughts and feelings deeply when she was most ready to engage.

Station 7: The Analytic Third in the Heart of Umm Adeeb

In this station, we explore a significant aspect of Amjad's therapeutic work: the concept of the "analytic third." Originally developed by psychoanalyst Thomas Ogden (1994), this concept has become a crucial tool for Amjad as he helps his patients confront dissociation and the internal divisions that mirror the fractured world they inhabit.

Khaled's Story: Navigating Dissociation and Anger

One of Amjad's patients is Khaled, a man in his late thirties, known in the village as a loving father and a devoted husband. But beneath this surface lies a deep-seated anger, a force that Khaled himself barely understands. This anger manifests unpredictably, often directed at those he loves most: his children, his wife, and even himself. After each outburst, Khaled feels a



heavy weight of shame, as if he becomes a different person in those moments, disconnected from the man he strives to be.

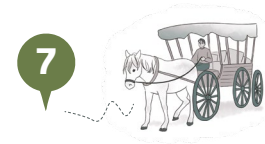
Khaled first came to Amjad's clinic after a particularly frightening episode where his anger erupted towards his young daughter. As he described the incident, Khaled's voice was heavy with regret, but there was also a note of detachment, as if he were recounting the actions of someone else. *"It's like I cross a line,"* Khaled said, *"and once I'm on the other side, I'm not really there anymore."*

Amjad recognized this as a sign of dissociation; a defence mechanism where parts of the psyche are split off and remain outside of conscious awareness. In the context of Umm Adeeb, where the daily struggle for dignity and survival under occupation leaves deep psychological scars, dissociation can be a common response, a way to cope with the unbearable. But Amjad also knew that for Khaled to heal, they would need to explore this dissociative line together, to transform it from a rigid barrier into a more expansive space where healing could occur.

Understanding the Analytic Third

The concept of the analytic third, as developed by Thomas Ogden, is central to Amjad's approach. In relational psychoanalysis, the analytic third is a living space within the therapeutic relationship. It arises from the dynamic interplay between the therapist and the patient, creating a shared psychological space where both can engage with aspects of their unconscious minds that are otherwise inaccessible.

In moments of therapeutic impasse, when progress seems stalled and both therapist and patient feel stuck, the analytic third offers a new dimension of understanding. It allows for the coexistence of conflicting feelings, thoughts, and parts of the self, which in turn enables deeper exploration and integration of these previously dissociated elements. For Amjad, the analytic third emerges naturally within the therapeutic relationship, as both he and Khaled work through the layers of pain, shame, and anger that Khaled has carried for so long.



The Role of the Analytic Third in Amjad's Work: From the Line to the Space

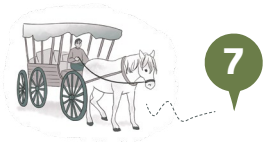
Amjad approached his work with Khaled using this concept as a guiding light. Rather than rushing to reassure Khaled or delve into the details of his outbursts, Amjad focused on creating a space where Khaled could safely explore his feelings without fear of judgment. "*It sounds like in those moments, you feel like you're not entirely yourself,"* Amjad said, *"almost like you're watching someone else."*

This simple reflection opened a door for Khaled. It allowed him to begin thinking about his anger not as an uncontrollable force but as a part of himself that had been exiled to the edges of his consciousness. The analytic third, in this context, was the space where Khaled could bring these exiled parts into dialogue with the rest of his psyche, creating room for new understandings to emerge.

The work of therapy here intended to explore anger not as a separate part; it involved a fundamental movement from the "line" of dissociation toward the "space" offered by the analytic third. The dissociative line represents a state of internal division, where the individual finds themselves stuck between conflicting emotions with no means to navigate or explore them. However, by working within the analytic third, this line is transformed into a space where these conflicting emotions can coexist and be reintegrated.

As their sessions progressed, Amjad and Khaled addressed dissociative experiences together. Amjad would often point out the conflicting emotions within Khaled—his desire to protect his family and his simultaneous fear of losing control. *"It seems like there's a part of you that's very protective,"* Amjad observed, *"and another that feels very ashamed. What is it like to hold both of these parts at the same time?"*

This question was pivotal. It invited Khaled into the analytic third: a space where the polarized parts of his psyche could coexist without one overpowering the other. The analytic third allowed Khaled to explore these conflicting parts of himself not as opposing forces that must be reconciled but as different aspects of his experience that could inform each other. In this space, Khaled began to realize that his anger was not an emotional reaction but an attempt to regain control in a life where he often felt powerless.



Healing in the Third Space

Through his work with Amjad, Khaled gradually began to integrate these different parts of himself. He started to see his anger not as a separate, shameful aspect of his identity, but as part of a larger narrative that, once understood, could be transformed. The analytic third, in Amjad's hands, became a space of healing—a space where Khaled could bring his fragmented self into dialogue and, over time, achieve a greater sense of wholeness.

This process was not easy, nor was it quick. It required patience, trust, and a willingness to confront painful truths. But in the safety of Amjad's clinic, Khaled found the courage to do this work. The result was a profound shift in his understanding of himself. Khaled came to see that his anger, though born of pain, could be redirected into something constructive: into protecting his family in healthier ways, into advocating for his children's future, into healing the wounds of his past.

Conclusion: The Power of the Analytic Third in Umm Adeeb

In the village of Umm Adeeb, where external struggles often mirror internal struggles, the work of therapists such as Amjad is vital. Through the concept of the analytic third, Amjad helps his patients navigate the complex terrain of their inner worlds, transforming dissociative lines into spaces of healing and growth. Khaled's story is just one example of how this process unfolds; a testament to the power of understanding, patience, and the human capacity for transformation, even in the most challenging of circumstances.

Station 8: Walking Together Through Uncertainty—Amjad and His Patients

Introduction

In the often chaotic village of Umm Adeeb, Amjad's therapy room stands as a crucial space where personal stories intersect with the larger struggles of the community. In this context, therapy focuses on understanding how external disorder is connected to an individual's life rather than avoiding it. This station captures the essence of Amjad's practice, offering a summary of the therapeutic journeys explored in the previous sections and reflecting on the profound lessons learned. This station outlines the therapeutic approaches and goals that guide our understanding through specific case examples from previous discussions, showcasing how individual experiences mirror collective struggles.

The Therapy Experience

Amjad's approach offers consistency in a variable environment. His sessions focus on addressing the complex issues his patients encounter, rather than aiming for an ideal state. The experiences discussed in his clinic highlight connections between personal trauma and broader historical contexts of oppression and occupation.

Moments of Real Connection

Amjad's true strength lies in his ability to connect deeply with his patients. He does not present himself as an unshakeable support but as someone who understands the fragility brought by constant stress. This honest connection allows his patients to trust him and see their vulnerabilities as common human conditions, not personal failures. Each interaction highlights the learning goal of recognizing shared humanity and finding strength in collective endurance.

Insights and Transformations

Each story in Amjad's clinic adds to a collection of experiences that mirror the larger disruptions shaping their existence. Patients leave not with neat solutions but with a deeper understanding of how their personal stories are part of a bigger picture. They come to see their pasts not as burdens but as integral parts of who they are in a world that often feels broken.

Leila's Silent Grief: Through non-verbal communication such as drawing, Leila gradually expresses her trauma, aided by the delicate balance Amjad maintains between guiding and listening.

Samira's Parental Struggles: Samira turns fear into lessons of solidarity, building her children's strength with Amjad's support beyond therapy.

Jamal's Adolescent Journey: Creative exercises help Jamal confront hidden pains, illustrating the therapeutic process of turning psychological no-go zones into areas of understanding.

Sara's Therapeutic Play: Structured yet imaginative play activities help Sara reclaim her childhood, emphasizing the transformative role of play in healing trauma.

Mohammad's Integration: Symbolic play enables Mohammad to process his father's loss, highlighting the necessity of incorporating traumatic experiences into one's identity.

Sana's Complex Emotions: Amjad's empathetic approach addresses Sana's deep-seated anger and abandonment, creating a space for her to feel seen and valued.

Khaled's Dissociative Anger: Working within the analytic third, Khaled transforms his anger from a source of shame into an opportunity for integration, discovering healthier ways to understand himself and relate to those he loves.

Conclusion

Station 8 has acknowledged the tough reality of psychological work in an area marked by ongoing strife, where healing is gradual and sometimes uncertain. The continuous effort to find inner stability when there is little outside leads to the quiet realization that strength often means enduring and witnessing together, rather than overcoming alone.

Amjad's clinic in Umm Adeeb stands as a testament to the enduring human spirit. His patients' journeys reflect a profound truth: healing is a continuous process of understanding and connection. Through his compassionate and adaptive approach, Amjad helps his patients navigate their fragmented worlds, turning their personal stories into sources of strength and insight. Together, they walk through uncertainty, finding moments of peace and support in their shared humanity.

In the end, Amjad's work lights the way through the darkness, illuminating the path towards a future where inner strength and community support can overcome even the harshest external realities. This journey, marked by shared suffering and collective strength, underscores the power of human connection in the face of overwhelming challenges.

Psychological First Aid (by Dr. Mustafa Qossoqsi)

Translated by Lama Z. Khouri DPsy

Breathe, says the psychotherapist.
I will teach you evidence-based tools to trick your sadness
I can train you to use more effective techniques to properly internalize your oppression
And to properly tame your pain
Breathe
Think that war is dirty, and the world is beautiful, and that you are nobody
Breathe
Imagine, if you still have imagination after reality has occupied everything,
a safe place in a bedroom or a therapy room
Contemplate your hell and make it into a home overlooking the green plains.
Do not dream of freedom, for it has disturbing side effects like death, anger, and defeat.
Breathe
We revolt simply because we can no longer breathe, says Frantz Fanon
So, Breathe
That's all there is to it.
You are just a little bit dead,
and the more you breathe, the more you will die,
deeper and more peacefully.
And the world will be okay.

We are deeply grateful to **Dr. Mustafa Qossoqsi**, PhD, for allowing us to include his influential poem, **Psychological First Aid**, in our book. Dr. Qossoqsi is a supervising clinical psychologist and a published poet renowned for his extensive research and practice in the fields of trauma, resilience, and psychological care for refugees. He holds a PhD from the University of Essex and has taught in various academic settings. His notable contributions include his role as the former chief psychologist at the psychiatric department of the English Hospital in Nazareth, and he currently runs a private practice in Shefa'amr. Dr. Qossoqsi has also served as a consultant for the International Red Cross and other esteemed international organizations.

We also extend our gratitude to Lama Z. Khouri, DPsy, for her expert translation of Dr. Qossoqsi's poem. Dr. Khouri is a distinguished psychoanalyst and psychoanalytic supervisor, as well as the Director of Diversity, Inclusion, Belonging, and Anti-Racism at the Institute for Expressive Analysis.

Chapter 7

The Village of Beir Naseem

Psychological Collapse-Restoration Framework: Interventions After War and Crisis

The translation of "Beir Naseem" would be "Naseem's Well." "Beir" refers to a well as a source of water, while "Naseem" is an Arabic name meaning "breeze" or "gentle wind."

Why was the village named Beir Naseem?

After the war, the village needed sources of life and renewal. The choice of the name "Beir Naseem" embodies this ambition, since "Beir" means "well" and symbolizes water, the primary source of life, and the name "Naseem" represents the air, a source of refreshment and new beginnings. This selection reflects the desire to renew life and resilience in the face of challenges, as if we, as psychologists and medical teams, are breathing new life into the village once again.

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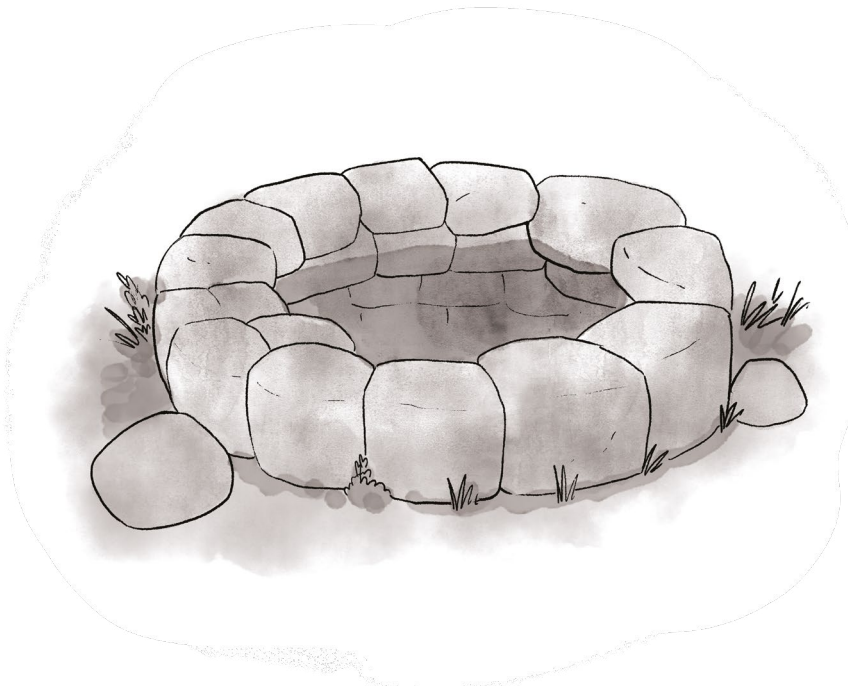
Basic principles for psychological interventions during war, crises and emergencies.

What will be presented in this village could be suitable for use in initial psychological support as well as in psychotherapy interventions after war and crisis.

In the heart of the last village in this book, the ruins of the village clinic stand filled with the chaos that has struck the village. The clinic's ruins are a testament to a place where the sanctity of life has been shattered, and the promise of healing was catastrophically broken in a single moment. Here, amidst the ruins and the continuous cries of the wounded, Adam finds himself amidst immeasurable destruction. Adam, a trainer in applied psychology, travelled there, determined to provide solace to those whose psychological wounds ran as deep as their physical injuries.

As Adam walked through the dusty streets strewn with rubble, the air was heavy and silent, occasionally broken by distant cries—a clear reminder of what had happened. His first encounter was with Maryam, a nurse who, just days ago, had been caring for patients in the clinic now lying in ruins. Beside her stood Youssef, a strong figure whose eyes seemed to carry the weight of the village's grief.



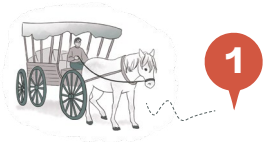
The First Station - Loss of Control – Maa'wa Clinic Square (Maa'wa means Shelter)

"*Peace be upon you*," greeted Adam, his Arabic accent mixed with a foreign touch

"*And peace be upon you*," replied Maryam quietly.

Adam joined them on a piece of concrete that was once part of the clinic's wall. "*I'm here to listen, to help if I can.*"

Maryam looked down, her hands nervously playing with the edge of her coat. "*We've lost more than just a building.*" Her voice carried suppressed emotions. "*The clinic was a safe place, where life overcame the outside destruction, now, it's gone, along with our belief that there's still goodness untouched by war.*"



Youssef nodded in agreement, his voice rough as one of the survivors of the bombing. "*The clinic was the guardian, protecting our children. What happens when the guardian falls?*"

Adam nodded in understanding, realizing that the shock here wasn't just in the physical destruction, but in the collapse of an entire belief system. "*When our external structures fall, often a person feels as though their internal structures collapse with them. The sense of control, the feeling of safety—shaken to the core.*"

Maryam lifted her eyes to meet Adam's gaze. "*You speak of control, but what control do we have when war dictates our lives*? The bombing... *it was a message that nowhere and no one is safe.*"

Adam stepped forward gently, his eyes sincere. "*The control we seek now isn't over the chaos outside, but over our reactions to it. It's about finding peace amidst the turmoil, about rebuilding the refuge within ourselves.*"

Youssef interjected: "*But how do you rebuild what's broken inside?*"

Adam took a deep breath, his next words carrying the weight of his mission. "*By acknowledging the pain, the fear, the loss, we rebuild through communication, through mutual support, by finding threads of hope that persist in the toughest times and holding onto them.*"

They continued talking for hours, sharing stories of the past and fears of the future. Adam listened to them, and thoughts, feelings, and questions about what he had learned in university and institutions about crisis intervention began to emerge. He pondered, and wondered: *Where do I start?*

And he said to himself: *I would like to start from the point of the clinic bombing in the village.*

We can envision together the scene and the possible events that could happen to people as a result of an incident of this magnitude. Adam thought about people's reactions when they hear of such events, events that exceed the natural human capacity for endurance, instilling terror and fear in souls. In the context of prolonged wars, which are characterized by their length, what are the potential effects on human psychology and individuals' internal systems? This was the first point that Adam was preoccupied with, before considering the necessary actions and interventions to be followed when facing such situations.

The psychological factors that Adam, the psychologist, contemplated as he wandered through the village, which we will call "collapse factors," indicate the state of psychological collapse that individuals may experience in times of crises, shocks, or other difficult events. He entered a village where wars recur periodically, and even people in other villages who follow the news about these wars can be affected in one way or another. Adam knew that as humans, we all share the experience of crises to varying degrees. However, at the core of the matter, there are situations where the events are much larger than any individual can psychologically comprehend: situations that pose a direct threat to personal existence and life itself.

What distinguished his experience in the village as he wandered was the absence of a place to escape to, as the challenges coming from the outside world were unimaginably immense. Imagine how many events in our lives carry similar threats? Of course, we face many traumatic events, but there are special cases where the threat we face is immense, far beyond what the human psyche can bear, especially in the absence of a place to flee or hide.

Adam looked around, deeply affected by the extent of the destruction surrounding him, and he asked Maryam, "*How does the human mind react to a threatening event coming from the outside world? What impact does it leave on our inner world?*"

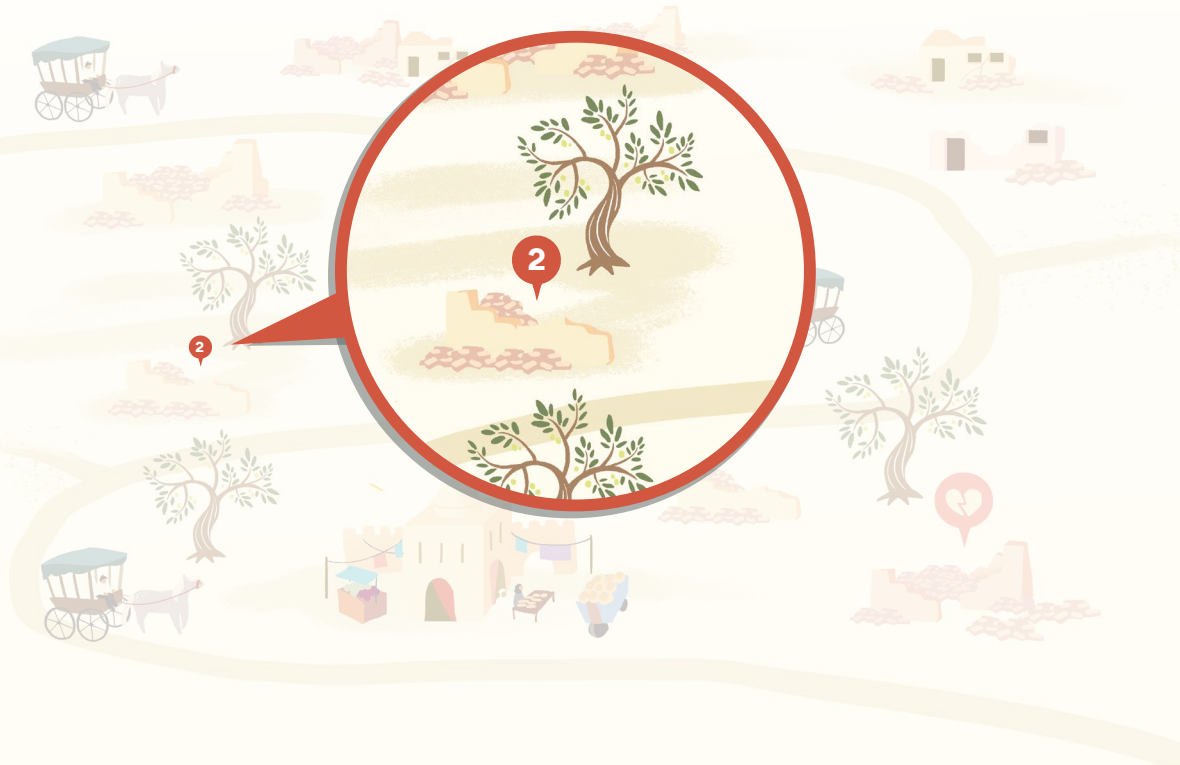
Imagine there's a psychological mechanism that triggers responses to events of this kind or to scenes that unfold before our eyes. Therefore, the first thing that occurred to Adam, and what we will discuss regarding Adam's experience within the village, is a set of factors related to the general state of psychological collapse in the village, not just the destruction around him.

Activity 1: Imagine for a moment what goes on in our inner world. How is it impacted by an external event like this war?

The first thing Adam thought of was the loss of control. Generally, humans have a degree of control over events in their lives, and often feel a sense of being able to manage things. However, when the unexpected occurs, such as this event experienced by the villagers, the element of surprise remains impactful and does not lose its effect no matter how many previous experiences there may be.

Preparing children to face traumas is part of the process of getting them ready, as is the case for prevention programmes learned by Adam at university. We prepare ourselves to deal with shocks in a way that ensures the psychological response is appropriate and effective, even in major events that pose a clear threat. The element of surprise remains present; there's always a shock. This is the first fundamental point that Adam realized as he walked through the village and moved to another place with the nurse, Maryam.

The Second Station: Loss of the Responsible Adult
(The road between the clinic and the village council)



Adam moves forward, reflecting on the second element we lack in this situation: the sense of presence of an adult and responsible figure providing protection. This instinct is not confined to childhood, where we seek protection from parents, but extends to include government and institutions such as the clinic that was bombed, which are considered the "responsible adult" in times of war, particularly international institutions. In more organized countries, the responsible adult can be the army, the government, or other institutions.

So Adam said to Maryam, "*Imagine the extent of the psychological need for this responsible adult, especially in times of crises. When a child is born, they instinctively seek this responsible adult figure. In the face of an event like the bombing of the clinic, there is deep symbolism, because it strikes at the concept of safety and protection that this place was supposed to provide.*"

Maryam: "*This event shows how the strikes that preceded it were less severe compared to what happened to the clinic. The bombing of the clinic caused a shock in the world and the neighbouring villages, and made many rethink the legitimacy of what was happening.*"

Adam thought: *One reason lies in the fact that the clinic represents the responsible adult figure during times of war.*

Maryam said: "*In such a shocking event, we witness a complete collapse of these systems. We have felt this similarly in previous wars, where it seemed as if the entire system had collapsed, as if we were waiting for instructions from whom we consider the responsible adult—the village council, the government, international institutions, and major countries. And this collapse itself is shocking.*"

Adam started to imagine what happens in our internal world: *The systems are collapsing, and the element of surprise is always present. No one can prepare for a missile hitting a home or a hospital.*

This represents the fundamental psychological need of a child for a promise of protection and safety from adults, which is essential for maintaining good mental health. We need this sense of protection throughout our lives to ensure our psychological balance and to live with what we call mental health.

In these circumstances, the promise of safety seems to fade away. Parents in the village, like the systems, find themselves puzzled, unable to provide adequate answers to their children. Similarly, systems crumble under the weight of major crises. Parents, like children, are waiting for someone to assume the role of the responsible adult, and children look to their parents as a source of protection and safety. On the other hand, doctors—who also serve as responsible adults—face the collapse of the system they deal with without sufficient equipment, reflecting the overall collapse of systems.

Adam told Maryam, *"This is what happens when things spiral out of control, as I learned abroad, and when our sense of home as a safe place is shattered. Usually, when we feel scared, we turn to our homes for safety. But what if our home itself, both mentally and physically, has been invaded? If the missile can break through the physical house, it's like breaking into our inner sanctuary, the place where we feel safe in our minds. So even if someone feels secure inside, the harsh reality undermines that feeling completely."*

Remember

The breach of the home, whether psychological or physical, constitutes a fundamental psychological factor in the experience of trauma, with complex effects on the individual's future mental well-being. While the physical house may remain intact, the emotional assault, with all its implications, remains impactful and profound.

Maryam: *"The reality I live in, the one I'm accustomed to, where life consists in the same house, and walking the same streets... those places that used to make me feel safe suddenly turn into terrifying places, where you can't predict what might happen. It's important to realize that no matter how many times we've experienced wars or crises over the years, there's no complete sense of prevention when the event actually occurs."*

Adam: *"All the factors I've mentioned, whether it's the surprise, the loss of home, or the feeling of terror, I categorize them all under one umbrella, and that's the loss of control."*

The Third Station: Beir Naseem (Balancing Good and Evil)

The previous factors are linked to the idea of balancing good and evil. One of the fundamental aspects that ensures human psychological health is the belief in the existence of good in the world. This belief is considered a cornerstone of mental well-being.

Adam and Maryam, accompanied by Youssef, who doesn't hesitate to help the passersby, make their way through the rubble towards the neighbouring well from the village council. *"Come towards the water well!"* Youssef shouts. *"The air here is refreshing."* Maryam and Adam move away from the dust swirling from the nearby demolished buildings.

Adam, after inhaling the breeze, said, "*In Psychanalysis, we discuss the concept of balancing between good and evil. However, perhaps we don't emphasize it enough in the work of institutions and associations to highlight its importance for mental health. In universities, we may not learn the significance of this topic in our context. However, I believe it is essential for human psychology to live with a firm belief that there is goodness in the world, regardless of the challenges one may face.*"

Remember

In reality, life revolves around the constant balance we seek between our instincts for life and death. As humans, we strive for this balance in our lives, navigating between love and hatred, between good and bad. People constantly contend with these contradictions, always attempting to engage in internal dialogue with oneself, while simultaneously continuing to assess this balance in others, trying to measure the extent of good and evil within them.

Maryam looked at Adam and said: "*It is necessary for me to maintain an internal faith that goodness will overcome evil. This belief is essential for preserving my mental health, to have the conviction that goodness will ultimately prevail.*"

Adam: "*This gives human existence meaning and allows us to live day by day, striving unconsciously for this kind of balance. We work psychologically to achieve equilibrium and believe that goodness will ultimately prevail.*"

Maryam: "*This is connected to the factors mentioned earlier, such as the promise that adults will provide protection for the child coming into the world. So, Adam, these factors are not separate but interconnected; the child is born and bonds with their parents, gradually nourishing the belief in the existence of goodness in the world.*"

Remember

If a child is fortunate and born to good parents, they learn that goodness ultimately prevails. They learn this through their interaction with their parents, who exemplify goodness, and then they transmit these values into their relationships as they grow older. They also become responsible, fulfilling the promise and protecting others. This is where morality is born, as humans strive to do good for others. It's not just about the instinct of life and death; there's another instinct that builds the concept of ethics in humans, and human inclinations towards ethics arise from this perceived promise of goodness, which they convey to those around them.

Adam reflected on the impact of the strike and assault on the village residents. Despite previous incidents, this particular attack was interpreted as the ultimate evil. The emotional reactions and protests in neighbouring villages had never been so intense. However, when the clinic was targeted—even though previous attacks had resulted in greater loss of life—human perception regarded this assault as the epitome of evil. The clinic symbolized protective figures, much like caring parents. Therefore, the attack on the clinic was perceived as an act devoid of any trace of goodness.

Some believe instead that there is no event—not an act itself—that is inherently evil. If you find yourself in a situation where pure evil seems to dominate from the outside world, then this event is considered purely evil only in personal experience. Freud (1930) and Melanie Klein (1957) argue that there cannot be absolute pure evil. That is, the event itself is not inherently evil, nor do we refer to the intentions behind the act itself, as those may stem not from pure evil within individuals, but rather the human perception of this event as pure evil.

Adam: "*Sigmund Freud and Melanie Klein indicated that the death instinct cannot be completely overcome. This realization, that the event is pure evil, is one of the factors contributing to psychological breakdown under the impact of trauma, hence the more intense reactions in the world than in preceding days.*"

This division is fundamental to mental health, meaning the balance between good and evil and the necessary balance between the death instinct and the life instinct must be present as they are the foundation for mental health. When the balance is tilted to make evil seem prevalent in the world, the internal psychological structure collapses. Imagine how it would be if children viewed the world as filled with evil.

Adam said to Maryam as they continued walking around the village, "*Adding this factor to the elements of collapse is necessary in dealing with the crisis, as it affects how we experience life not only during crises.*"

The Fourth Station:
Feeling of Helplessness versus Capability

Adam attempted to group the factors and contemplated a third set related to the feeling of helplessness versus capability, after identifying that the first group pertained to loss of control and its aftermath, and the second group related to the loss of balance between good and evil in human perception.

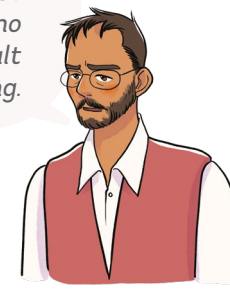
The concept of helplessness is closely linked to loss of control and the feeling of facing evil greater than our ability to confront it. These factors are always interconnected, leading to a sense of powerlessness and incapacity, without the ability to do anything, ultimately resulting in the collapse of our psychological structure and all the mental resilience that enables us to face life's challenges.

This psychological collapse is also experienced by therapists in crisis situations, where they feel incapable of knowing how to help those going through difficult experiences, or even in psychotherapy for severe cases. Such feelings of helplessness can manifest in physical symptoms resulting from this psychological breakdown. The mental pressure from the collapse can manifest as physical symptoms such as difficulty breathing, stomach pain, and trembling.

Now I understand. That's why in first aid programs, there is a focus on teaching breathing techniques that restore oxygen to the body.

If I am trapped in a situation where there is no escape and events unfold around me that exceed my natural ability to cope, I become paralysed and feel helpless. I remain in place, and this leads to the emergence of physical symptoms.

As therapists in these situations, crises, or shocks, we have a very important role for this reason. The therapist must always remember that there is no moment in life, no matter how difficult the reality, where we cannot do anything.



The Fifth station: Basic Principles of Psychological Intervention

Adam realized that the first principle of intervention in crises is for the therapist to recognize that there is always something that can be done. Thoughts like "What should I do?" or "How can I help someone going through such difficult experiences?" may occur to us. Even if a mother comes to ask for help and her son has been killed, the initial feeling of the therapist might be that they do not know what to say to her, but this is not true. There is always something that can be done. This belief should be deeply embedded in the therapist. The psyche always has a means of expression and the capacity not to be paralysed, no matter how much pain we go through. There is always something that can be done.

Let's suppose we've encountered a situation of this sort. The fundamental principle is our acknowledgment that there's always something that can be done. After listening to the emotions and the narrative and the extent of the pain experienced by the individual seeking help, we may not be able to offer an immediate phrase to ease the pain, or we might perceive the surrounding negativity as entirely and purely devoid of any goodness. Despite all this, with empathy, and in the face of feelings of helplessness, physical reactions, loss of control, and the absence of the responsible adult—all these elements recognized by a therapist and acknowledged as real occurrences—I begin by asking what can be done now. What role should I play as a therapist in the midst of all this breakdown, or what we have termed the collapse factors.

The second fundamental principle is that the description provided by the person seeking help represents a narrative of events they consider to be contributing to their psychological collapse: loss of control, physical symptoms, feelings of helplessness, and more. As therapists, it is our responsibility to understand and fill in the gaps in this narrative regarding the events perceived by the individual as factors in their collapse. Conversely, we must also provide additional context to the narrative, completing the picture by adding small elements and symbols that represent the opposite of the collapse factors.

Adam: "*If faced with a situation characterized by pure evil, which is one of the factors that assaults an individual's inner world, then our role as therapists in initial intervention or first aid, and even in subsequent therapy, becomes crucial. When the event ends, the individual begins to enter a phase of mourning for what occurred, and in this context, even if I recognize as a therapist the severe harm that occurred and understand the resulting collapse, we are obliged to rescue the beneficiary from plunging into despair and the collapse of their psychological structure.*"

It becomes essential to find any symbol of goodness in the beneficiary's world, no matter how small or simple it may be in their environment, even amidst the event itself. The search for a symbol of goodness is necessary because a person experiencing such an event realizes that the outside world is shrinking and diminishing before them, as if their psychological system is collapsing, and all they see around them is pure evil. In this situation, trauma and a sense of helplessness occur. To rescue someone from trauma, even just one minute after the event, our response as therapists must be based on acknowledgment,

understanding, and seeking a symbol of goodness and alerting the person to its presence. This does not mean denying what they have been through but rather acknowledging and understanding it, then directing attention to the small symbol of goodness.

Remember

In such cases, we encounter the concept of "Psychological Disintegration" where the individual feels detached and isolated, as if their psyche is crumbling to a critical point in time. Here, as therapists, we must highlight these small symbols of goodness to rescue the person from falling into the trap of trauma and help them focus on the presence of goodness.

In events where a person perceives the world as filled with evil and is overcome by fear, it is our role as therapists to find, even in the smallest of things, a glimmer of goodness and work to magnify it.

This helps the person affected to realize that goodness still exists despite the event. Indeed, this makes a significant difference in subsequent therapy.

In crises, this approach is very helpful, even in initial interventions, where we steer in this direction, not just by describing the events but by actively working to restore the mental balance of the individual in need. We have acknowledged that a significant aspect of mental well-being arises from the belief in the existence of goodness in the world, and without it, sustaining life becomes challenging.

Therefore, it's essential for us to strive to restore a sense of equilibrium in the beneficiary to the best of our abilities.

Youssef was listening to the conversation between Maryam and Adam. Having lost part of his family in the bombing, he decided to assist Maryam in her efforts.

What do you do if you don't find any symbol of goodness since the event was pure evil?

Adam reflected on Youssef's statement and understood that the image he portrayed of the event, his perspective, and his words conveyed the pain he felt after losing part of his family.

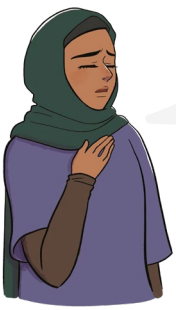
You're right, Youssef. The event is filled with evil, and it's difficult to find symbols of goodness to complete the picture. But we must strive to restore a sense of balance to the affected individual as much as possible. In the midst of the event, I may not find anything that represents goodness, but my presence as a therapist, whether in intervention or first aid, and the fact that I listen to and empathize with victims, is itself a reflection of goodness. The affected individual is present in the heart of the ongoing event, and there are those who listen to them and empathize with them, and this too is a reflection of goodness. That's why it's very important for therapists to be present so they can provide initial intervention, as their presence and efforts themselves reflect goodness, which may help people move a little from the point of psychological collapse.

Remember

Imagine that the therapist in this moment represents goodness, even if only through listening and observing. They serve as a manifestation of the goodness that still exists in the world, indicating that there is still kindness present. The individual shares their story, such as their experience of being bombed and how they encountered someone who helped them escape from the rubble, or how another person held their hand and guided them to safety. The person who offered assistance becomes a symbol of goodness. As a therapist, I search within their narrative for the small details that represent acts of kindness, such as when the individual is sitting amidst the bombing, hiding, and suddenly finds another person offering them shelter. This illustrates the presence of goodness in the face of the pure evil they are experiencing during the event.

Imagine with me, Maryam, that my presence here, even if only to listen to Youssef's story, represents the goodness that still exists in this world.

Tell me about the moments when you felt goodness, even in the midst of the bombing and destruction.



In the toughest moments, when hope seemed like a meaningless word, I found a helping hand. There was someone holding my hand, pulling me from under the rubble, guiding me to a safe place to hide... This person, whom I didn't know, and who didn't know me, became a symbol of goodness in my world.

This individual, who offered assistance without expecting anything in return, is the light in the dark tunnel you traversed. And here I am, to uncover with you those small details that represent goodness, to remind ourselves that humanity is still alive, brimming with kindness even in the toughest of times.

Yes, and I remember the neighbours who opened their doors, welcoming the wounded and frightened, offering water and prayers for safety... even in moments when life was on the verge of collapse.

These are the stories that hold the power of healing, Youssef. They are tales of everyday heroism, much like what you did when you accompanied Maryam to assist her with the wounded. It's the silent giving, the humanity that shines in the face of evil. These stories are what rebuild what's broken inside us.

Through our conversation now, we reaffirm our faith that life can flourish again, even on wounded ground like ours.

Adam reflected and interconnected all the factors in his mind. In those moments when a person feels the world is filled with evil, his role as a therapist is to identify and illuminate the small symbols of goodness to aid the individual in overcoming their mental state. These small acts of humanity, such as extending a helping hand amidst destruction, are what should be grasped onto to pull the beneficiary out of their trauma and empower them to stand on their feet again. If there's any human connection or act of kindness the person themselves engaged in, that's even better, and it's all intertwined with resilience and control.

Adam: "*Even minor gestures, such as offering someone a drink of water, soothing another person, or comforting a child, hold importance and symbolize goodness. We explore the individual's narrative for these small details that embody kindness. For instance, if someone finds shelter during a bombardment, it signifies an act of goodness amid pure adversity.*"

Everything we encounter that is associated with goodness, care, and generosity deserves our attention and amplification. Why is that? Because the mind aims to rebalance the internal world between good and evil. We strive to restore this psychological equilibrium because it forms the basis of mental well-being, and in doing so, we aim to prevent mental breakdowns. We prevent the balance from tipping solely towards evil, because if that were to happen, human psychology would collapse. A person would then struggle to live healthily, potentially leading to mental illnesses and larger issues. Our objective is to restore balance to the internal world as much as possible, to demonstrate that there is another side to every event, and to ensure that the harmony of life is not only inclined towards evil, as this moment represents a pivotal point in life.

Regarding the other factors we discussed, we mentioned that a person going through a crisis or a traumatic event feels helpless and incapable, which constitutes a factor in mental breakdown. Once again, as therapists, we search for any symbol, no matter how small, that indicates the presence of capability and action in the event experienced by the individual.

We're discussing individuals who have survived the event. I look for any symbol of control and capability in the ongoing or recent events. Then, we work on amplifying this symbol to prevent the lingering sense of helplessness and vulnerability experienced during the trauma from taking hold of the human psyche and dictating its course for life, allowing the individual to move past the point of breakdown.

Remember

The sense of helplessness can lead to what is known as "dissociation," where the individual becomes disconnected from their thoughts and focuses solely on the sense of helplessness experienced during the crisis moment, losing contact with the mind and concentrating only on the feeling of collapse. The psyche shrinks around the feeling on its own, and the mind disconnects. This requires the therapist to work on reconnecting the mind and the feeling, enabling the person to break free from the cycle of psychological breakdown.

Adam continues to reflect on what he has learned and relates it to the village context: "*As a therapist, it's my duty to help the injured and those seeking assistance to avoid perpetuating feelings of helplessness to prevent the reoccurrence of trauma, as seen in flashbacks, where the mind fixates on the traumatic event they experienced. I must assist them in not clinging to this feeling and aid them in integrating their thoughts with their emotions because they may have separated their thinking from their feelings.*"

Adam, Maryam, and Youssef returned to the small clinic, which had become a sanctuary for the soul before the body. Adam and Maryam stood silently contemplating the sunset scene, embracing the village in hues of orange and purple, in a harmony that dispelled the shadows of war that had burdened hearts and buildings alike.

The breeze wafting from the surrounding olive fields, where the olive tree stands witness to resilience and peace, served as a drink from the cup of hope mixed with the day's labour and tomorrow's promises. Their breath mingled with the evening air, announcing the end of a day filled with challenges yet carrying within it the potential for growth.

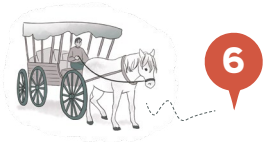
They exchanged a glance of understanding, that look which briefly conveys words and expresses satisfaction with what has been accomplished, while eagerly anticipating what is to come. Adam said, with a voice carrying tones of optimism, "*What we've gone through today is a clear indication that determination surpasses despair, and we must cling to the hope that will illuminate the path of tomorrow.*"

Mary nodded in agreement, adding, "*With every step we take, no matter how small, we edge closer to a new dawn. It's a dawn untainted by yesterday's burdens but brimming with healing and renewal.*"

The Sixth Station: Al-Awda Market (The Market of Return)

Under the early dawn's light, and with the sun beginning to peek through the cracks of the old buildings, Adam and Maryam stepped into Al-Awda Market. The air was filled with whispers of tentative hope and the smell of freshly baked bread coming from ovens trying to start life anew. The vendors' voices mixed with the sounds of life still beating through the market, announcing the start of a new day, a day unlike any other.

At every corner, there is a story of struggle and determination, and in every face, there are signs of challenge that are not devoid of hope. Adam and Maryam wander among the shops, reflecting on how tired hands managed to create new life from the ruins. Adam sees determination in the eyes of the vendors and shoppers, while Maryam sees in the exchange of goods and currencies an exchange of symbols of well-being and recovery.



They stand for a moment, inhaling the scent of life emanating from the rubble of war, deeply understanding that "Return" is the name of a market but also a journey undertaken by everyone here, step by step, towards a better tomorrow. And so their story begins at this village station, where "Return" is not the end but the true beginning of healing.

Continue the picture of the story told by the beneficiary:

The story they tell reflects the experiences they go through and contains feelings of helplessness and incapacity. We identify small elements within it and reintroduce them within the context of the story they tell. We magnify these small elements that demonstrate the existence of capability or any positive action they have taken. We reframe their story to restore psychological balance, reshaping the narrative to highlight the presence of capability versus helplessness, goodness versus evil, and that they were not entirely helpless, but in fact moved or did something.

We hear these small stories and reframe them back to them, thus completing the picture that is in their perception and narrated in their story, which seemed to contain only collapse. In this way, they see a complete picture of what they have been through, and over time, psychological balance gradually returns.

Remember

Reconsider this according to what we've discussed before. As therapists, you symbolize goodness through your listening. Even if you don't find a symbol in the event to indicate that the person wasn't completely incapacitated, just their sitting in front of you and narrating the story, and their ability to speak at this moment, means that they don't feel completely helpless now because they are seeking help from someone who listens to them. And their speaking to you is evidence itself that they are not completely incapacitated.

Adam: "*Look, Maryam, they are trying to revive life in the market. What determined and resilient people they are! We must help them realize that, I mean the people in the village, the children, the fathers, and the mothers. The youth, Maryam, they must take on a role.*"

Maryam: "*What do you mean? Give me an example.*"

Adam spoke enthusiastically: "*Let's assume that a child emerged physically unharmed from a destroyed home, which is good, but he may be experiencing a psychological crisis. If we want to help him recover from the shock he experienced, the first thing we do is encourage him to talk, right? Simple questions like 'What's your name?' 'Where were you?' 'How did it happen?' help him recover from the sense of helplessness he felt when his internal system collapsed. Since he's talking to us, it means he's not helpless. So, we encourage them to talk more to start rebuilding their story anew.*"

Adam continued his speech, and Maryam listened attentively to him. "*During the narrative, we look for sources of strength and goodness in the event they experienced and how they tell the story. This helps in rebuilding psychological balance and feelings of capability and effectiveness.*"

Adam continued his speech: "*And as we explore with them, any expression in their storytelling, however small, represents their ability to act. It shows that they were proactive rather than passive or defeated. Even if their attempts were unsuccessful, simply thinking about action or attempting it is a symbol that they did not surrender to what they were going through. Then, we present these symbols to them and work on reinforcing the moments when they were not entirely defeated.*"

Maryam: "*This is how we work to transform traumatic events into opportunities to overcome feelings of resignation and helplessnes.* "

Remember

Psychological breakdown can persist even after events, affecting a person for the rest of their life. Our goal is to find, even in the smallest events and details, elements that represent activity and effectiveness, to help them overcome a sense of resignation. This is particularly crucial when dealing with children, where resignation and helplessness need to be transformed into activity. We seek ways to motivate the child not to surrender to events and to remain active. The human psyche requires a sense of control over its environment, and when faced with something beyond our capabilities, we feel a loss of control.

Let's link all the factors together, from loss of control to feeling helpless in the face of significant external evil. When this happens, the psyche is traumatized and collapses. So how does a child lose this control? Finding something he can be active in, any task that gives him a sense of efficacy, is crucial because it restores his sense of balance, showing that the major event is not beyond his capability.

Adam: "*When a child's mother is in the hospital, the child can experience a complete breakdown. And sometimes, the person responsible, such as an adult in the child's life, feels helpless to protect him, leading to great trauma.*"

Maryam: "*Even beneficiaries of therapeutic services who are not experiencing wartime situations may suffer when their mothers are hospitalized and they don't know how to behave during their mother's illness.*"

Adam: "*That's right. So, what do you do then?*"

Mary: "*It's important not to allow them to surrender to this feeling of helplessness. We might ask the child to draw a picture for their mother, or to tidy up her room in preparation for her return from the hospital, to make them feel active and empowered instead of helpless and negative.*"

Adam: "*Similarly with adults, we can't just ask them to draw, but we can give them a role that makes them feel important and active. In cases of significant trauma, we might ask them to distribute water or move items from one place to another. We must provide them with a role that activates them, helping their psyche from within and restoring meaning in life. This way, in their inner world, it assists them in dealing with their internal feelings and psychological challenges.*"

Adam: "*As for young adults in their twenties or teenagers between 14 and 18 years old, we must encourage them to maintain their inner strength and not collapse in the face of challenges. We advise them to stay resilient and strong, and we give them a role that helps them feel valued and important. We emphasize to them that their existence matters, and that they are capable of making a positive impact in their own lives and the lives of others.*"

Maryam: "*Is it sufficient for me to say to a young man, for instance, 'Listen, it's important for you to establish yourself now, the most crucial thing is not to fall apart'? This sentence seems to assign him an internal role, to gather his self. You have given them a task in their inner world.*"

Adam: "*It's not just about the actual task, but the sense of importance of existence. This makes the person feel that not everything has collapsed in life, that all this collapse in systems is not ultimately the end.* "

Remember

When I assign someone a role during a crisis, it's as if I'm enabling their inner self to be internally active. They begin to move away from the point of collapse we're discussing, and our aim is to distance them from it as much as possible. The idea is to avoid feeling helpless when confronted with significant events occurring around us. There's always a role we can fulfill, a psychological role. We have a place in this life.

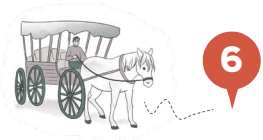
Adam said to Maryam: "*For parents who have lost their children like Youssef, having other children can help them a lot; they can overcome the crisis they went through because of the presence of these children.*"

From here came Adam's idea that a person needs to take on a role and find meaning. To do things for others, one should not collapse for the remaining children; they must be strong for those they love, for their family, for their village.

From the image in their minds, they feel defeated, helpless without control. All the factors we mentioned converge to lead to a complete collapse at a certain moment of the event. Therefore, we seek to expand their thinking beyond that central point of collapse. Regarding the loss of trust, didn't we mention that we are connected to the story of the promise of goodness in the world? If a person loses their trust in this, they lose their trust in the world around them, in the systems and structures.

As therapists, we symbolize trust in that moment. When we ask someone to take action, we rebuild trust within them and pull them out of their current state. This helps to restore trust in the external world.

So, even if the event is extremely painful, when we witness protests and gatherings, this restores trust in the goodness present in the world and shows that people will not stand passively by in the face of what happened. During the event itself, there are many small attempts to help that occur. Every moment, every symbol I find, I must highlight and show it to people, and this is related to the story of the promise that I was made, that I was created in this



world and promised care. And if I lose this in my life, regardless of the reason, my psyche will collapse, and my existence will lose its meaning in living.

Remember

A child is born expecting or trusting that their parents will help and protect them. We listen to someone narrating a very difficult event as if they are recording in their memoirs what they experienced during the event, seeking to add details to those memoirs they write, as if the person is writing a new moment, documenting it in their memory. And just by highlighting those small details that complete the picture of the collapse factors, we create a balance. The person begins to store in their memory the fact that they were not completely helpless, did not lose confidence entirely, and evil was not absolute. Thus, we help them emerge from the shock with complementary memories to those they write, or the story they went through during the crisis.

Amidst the factors of collapse, we listen as the beneficiary narrates their story or memoirs, filled with overwhelming feelings of despair and fear. Through our questioning, listening manner, and the sentences we speak, we highlight those small symbols to complete the picture. We add to the memoirs symbols indicating the presence of trust. We add to them that there is a loss of control but it is not total, that there was some control; they were not completely helpless, not entirely resigned. Even if I didn't find an action, but I noticed that the beneficiary considered an idea, this also means that they were capable of action. The fact that they are still speaking to me now also means they are not silent. All these approaches and methods we discuss in "Narrative Therapy" are built on this concept.

Remember

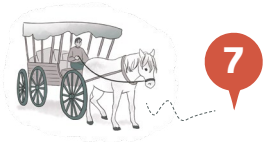
We talk about reshaping human stories in a manner that restores confidence and transforms collapse into strength, rather than resorting to conventional methods that may be recommended by experts but are often not suitable for the specific contexts of our clients. We aim to redirect the narrative focus from trauma to documenting elements of resilience, confidence, and control by incorporating symbolic representations into the genuine story of an individual who has navigated through a profound crisis.

The Seventh Station: The Story is the Psychological Container

The deep conversation between Adam and Maryam, who have undergone a shocking experience, was significant as they observed Youssef approaching from a distance, carrying in his story the significance for their discussion. Youssef and Maryam represent a profound understanding of the role of storytelling in the process of psychological healing. Adam emphasizes the importance of storytelling as a tool to shape a psychological framework capable of enduring shock and pain. Dialogue in the narrative serves as a means to reinterpret the experience of shock and to guide their perspective towards the future.

While Adam explains the importance of storytelling, Maryam provides her personal experience as a reference for this concept of intervention, illustrating how storytelling can serve as a means to introduce new symbols and broaden psychological awareness.

The central points of intervention emerge during the dialogue, as Adam discusses the importance of reconstructing the narrative in a way that enables the beneficiary to regain control and self-confidence, while Maryam demonstrates how individuals affected by trauma can benefit from storytelling to expand their awareness and engage with detailed elements.



The conversation also addresses the importance of viewing the story as part of a continuous narrative, clarifying how the beneficiary can continue to write their life story and determine their fate.

Activity 2: What is the importance of using the concept of storytelling, in your opinion?

Adam was trying to tell Youssef and Maryam that trauma should become a part of oneself; containing it within oneself helps the individual to control it.

Remember

The story is the container, the psychological container. Throughout history, stories have represented humanity, whether it's industrial revolutions, technological advancements, or world wars. The story has remained a representation of humanity and reflects its identity. We read history through stories. The story serves as the container through which we can shape our psychological experience. It acts as a container for the soul, and not only that, but as therapists, we begin to shape this psychological material into a form that can stabilize the inner world from within.

Adam: "*The story is the container that holds a beginning, a climax, and an end to what unfolds. By narrating the beginning, middle, and end, we create a psychological container for those souls that have collapsed. Additionally, this story can also have a continuation: their story, our story doesn't end with the event; the human story doesn't end with the event, as there is the future…*"

Maryam: "*The story is the axis of time. In the story, there is the past, present, and future. There is something significant that happens in crises or major trauma situations. The psyche collapses in the present of the trauma. Thus, post-traumatic symptoms appear when individuals remain mentally stuck in the time of the event, as if we are temporally stuck in the moment when the event occurred, or as if we are deeply affected by the present of what is happening to us now, as if we shrink the axis of time to a small point.*"

Adam: "*There is today, and tomorrow will come, and this approach to intervention enables people to look at their stories comprehensively, realizing that the narrative is not over yet and that life has upcoming chapters. They learn through storytelling that crisis is not the end of the road, but rather a part of an ongoing narrative, with more to offer.*"

Remember

Treatment for trauma requires us to listen, understand, and reshape the narrative by introducing new elements—detailed particulars and small symbols—that help reshape the individual's psychological reality. This process expands awareness and redirects the view from just a point of time compression, where the trauma is deeply rooted, to a perspective that encompasses the entire timeline: past, present, and future.

Finally, the story narrated by the individual becomes a container for experiences that can accommodate trauma within the self without being overwhelmed by it. By reconstructing the narrative in a way that integrates strength, confidence, and control, even if to a minor extent, we help the individual reshape their psychological experience and use the story as a container because it reflects the essence of humanity across ages.

Stories are a treasure of our human experiences, granting us the power to move forward. Every small event, every memory of trust, and every moment of control we maintain contributes to reshaping our identity and reinforcing

our capacity to endure. In this manner, humans become authors of their own stories, utilizing narrative to regain control over their lives and chart a course towards a future that transcends trauma and pain.

Youssef was affected by the conversation of Maryam and Adam and said: "*At every step of the way, we must remember that our story is not finished, and our future still awaits us to write it with our own hands.*"

Remember

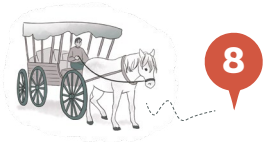
The purpose of storytelling, fundamentally, is to alleviate the impact of trauma, which appears to narrow consciousness to a specific moment in time where collapse occurs. By listening to a person's narrative and incorporating new symbols, we enhance the overall understanding by broadening awareness to encompass the past, present, and future, thereby rescuing the individual from the trauma. Through this process, we expand individual psychological awareness, ensuring that consciousness isn't confined to a narrow point like a black hole absorbing the details of the traumatic event. We broaden the perspective for them to perceive through a wider lens.

Listening to the narrative, we convert it into a storytelling narrative that includes intricate details and small symbols. And as the individual speaks, responds, and contemplates, they begin to notice the finer details that contribute to broadening their awareness.

The Eighth Station: The Relationship of the Present to the Past

To understand and construct the story correctly, we must realize its interconnectedness. The trauma we experience in the present is not limited to its immediate meanings but must be understood as a part linked to the person's past. We shouldn't delve into the details of the past in a way that makes us neglect the ongoing current event, but should pay attention. When we apply this, people begin to gain two experiences:

The first experience is a broadening of self-perception and expanding awareness of what is happening or what has happened, thus surpassing that narrow point where their consciousness was confined. They remember that there is an important temporal axis because they begin to think about what happened and see that many people have overcome these events. They start to focus on the details within the event itself, constructing a narrative that connects the events. By expanding this temporal axis, their awareness is broadened.



Remember

The objective is to pull the person out of the potential collapse and prevent the shock from persisting throughout the rest of their life. Because shock in the moment means time contracts, focus narrows to the present, to the moment of collapse, and attachment to it continues. We try to distance the person from this point, this black hole, and broaden awareness of what happened. This expansion helps the beneficiary in the healing process, so they don't remain stuck in that narrow temporal point.

The second experience that individuals go through, the other side that emerges, is that they do not delve into the details of the past again. What many overlook is that the impacts of the past remain lingering in this black hole of consciousness. Humans do not only react based on the present moment, but these responses are also shaped by past experiences in conjunction with the current event. People respond to everything happening around them, not just major events, but also those personally connected to them. Catastrophe, for example, remains present at the heart of events in the present time, meaning the present meets the past continuously in our inner world, even if we are not aware of it. Trauma is the point where the three time states converge together.

It is essential to recognize that human responses to traumatic events are not limited to the immediate present. Our responses are complex, interwoven with the fabric of our past experiences, current circumstances, and future uncertainties. The phenomenon of the "trauma black hole" is not an absorption of present distress but also a reflection of our historical narrative.

When we narrate our stories, and incorporate symbols of small strength within them, we recreate a narrative of resilience and hope. By expressing our experiences and acknowledging the past, present, and potential future within our stories, we construct a psychological container that can contain our fragmented selves. We are actively participating in shaping a tale of survival.

Therefore, when the echoes of trauma threaten to confine our existence to a single moment in time, storytelling becomes important to broaden our awareness of what has happened and to introduce contrasting elements and symbols to the recorded factors of collapse, allowing us to expand our view of our lives.

Adam: "*Humans have risen from traumas since day one. Look at yourself, Youssef, because life always moves forward and never stops at a specific moment as happens in trauma. Life continues, and we overcome that point by moving on, even if just a little; we progress to another point and start new things.*"

Adam became enthusiastic and said to Youssef: "*This nation has a history; we have overcome many challenges and will continue to do so. We must beware that we do not disregard the idea that people react to events based on their personalities influenced by experiences, but some respond better than others because of that.*"

Maryam: "*And there are also those whose natures are characterized by goodness; you will find them holding on to everything available, remaining active and energetic, trying to do anything.*"

Adam: "*These individuals, Maryam, much like Youssef, possess a natural resilience to life's challenges. As therapists, it's as if we're offering them ropes for survival; they seize them, and that's excellent because many people grab hold of these ropes and begin to see the full picture of what we offer. In this scenario, it's not the factors of collapse that prevail; there are those who overcome it.*"

Activity 3: We have reached the point where it becomes evident that there are individuals, with their experience-laden personalities, who seize the ropes we offer them. Now the question arises: What do we do with those who cannot grasp these lines of support?

There are those who have experienced collapses intensely and extremely to the point where they cannot grasp these "ropes," and despair has deeply affected them; but even those who seem to be holding onto the ropes are not always like this: they stumble and rise, stumble again, and as therapists, we continue to throw ropes for them to grasp.

It is important in moments when we encounter people experiencing complete collapse to be the symbol in those situations. We, as therapists, engage in dialogue with them, intervening. Sometimes, when it is difficult for us to find a symbol in the heart of the events that have occurred or in the person's story, we therapists become the symbol. When we stand firmly in the face of their collapse, we become a symbol for them. We must realize that as humans, we possess strength; there is no human on Earth who is devoid of strength. As therapists, we are an echo of this strength, being individuals with personalities.

We echo these individuals, as therapists, reassuring them that their reactions are normal. We are not helpless, nor do we give up. Instead, we stand steadfast in the face of collapse. While we listen to their reactions to their collapse, we work to shape a symbol of the goodness in the world, so they can trust us and their ability to endure.

We also serve as symbols of that strength and ability to complete the picture, as we mentioned. These reactions are helpful, but they are also considered natural and human responses. Many people display these reactions as part of their natural response to a painful event. What also affects people who survive these events, in addition to the factors of collapse, are feelings of guilt and shame. These too must be addressed in the therapeutic process.

The Ninth Station:
The Feeling of Shame and Guilt – Youssef's Ruined House

Adam and Youssef continued walking through the village until they arrived at Youssef's house. After a moment, Youssef began to speak, and it was evident that he was on the brink of tears as he looked at his collapsed home.

A large portion of the residents feel ashamed because they couldn't do anything in the face of their evident helplessness, as if they lacked the ability to save their loved ones or do anything for the people around them and their families. I couldn't save my daughter from the clinic being bombed.

This feeling of guilt and shame is closely linked to the factors we mentioned earlier, especially among those who survived the bombing. Even those who weren't directly affected by the bombing may feel guilt and shame, as well as people of different regions around the world who may experience these emotions.

Imagine that the people who were under the bombing and survived also feel guilt and shame. They begin to blame themselves, questioning why they didn't protect their children, why they didn't take them, why they didn't leave from there, why they didn't evacuate them. These feelings lead them to wonder: Why didn't I act? Why didn't they act? They start internal reflections, asking themselves why they feel this way, why they feel guilty and ashamed.

These feelings are connected to the promise we discussed earlier, the promise that we as humans are made with: to be protected and to protect those around us.

The feeling of guilt is natural because we are humans, and that's how humans are designed. Therefore, generalizing that extraordinary events such as traumas do not negate the reality of humanity shows that the victim did the best they could in that moment. If a person is afraid and unable to save another because of fear, and instead takes cover during the bombing, it means that their psyche told them that the best thing to do in that moment is to take care of themselves, and this is not a weakness. Their psyche warned them, so they felt fear and took cover; this is a natural reaction indicating that their psyche is functioning properly. In this case, it's also natural for a person to freeze in place and not move because it's a normal reaction.

Adam delved deeper into what he wanted to explain to Youssef and Maryam. *"We help people understand that their reactions are linked to human nature."*

Remember

Certainly, everyone behaves in this way; human responses are very general and applicable to each individual, indicating that our psyches did their best at that time. Therefore, we start by helping people move away from the point of collapse, firstly by generalizing and indicating that reactions are natural, and not displaying weakness so as to serve as a role model for them. This way, they gradually begin to move from the point they find themselves in.

Adam continued his speech: "*At that moment, we begin by offering assistance and become symbols for them, indicating that their feelings are natural and human. From there, we help them not to remain stuck in that point forever. Since they are here today talking to us, this is not a sign of weakness but rather a beginning to move forward towards the future, to think about tomorrow, today, and the point they are at after the event. Encourage them to think about the role they can play from here, and then introduce symbols from that moment after the event has ended."*

It is important to explore how we can continue the narrative told to us by the beneficiary: that experience which people who stand at that black point, the black hole, have gone through, whether they were exposed to the event itself or not. They may get stuck in this black point. As therapists, we recognize that even people who are not under bombardment may feel a sense of guilt and shame, which may contribute to their collapse.

Human nature always tends to seek change, and this is the natural reaction of humans. Anxiety, guilt, and shame are part of human nature. This is how humans behave in cases of anxiety, where the mind is attached to the event and does not move away from it. We have a tendency to cling to that black point of the event, where the unconscious mind acts as if it wants to turn back time to make the event nonexistent or to escape from it.

We cling to events because we don't want to distance ourselves from them. If we distance ourselves, it means that we've accepted what happened, and rejection is what keeps us in that black spot, the point at the heart of the trauma. But when we accept reality, we move forward, and as a result, we can begin to build the future and continue living.

Adam added as he stood in front of Youssef's ruined house, "*We must return as if we are symbols of goodness in this world, despite all the evil that has happened around us. You must realize that these are the things that greatly contribute to the healing process. When we make these efforts, we heal ourselves and also help in healing our people.*"

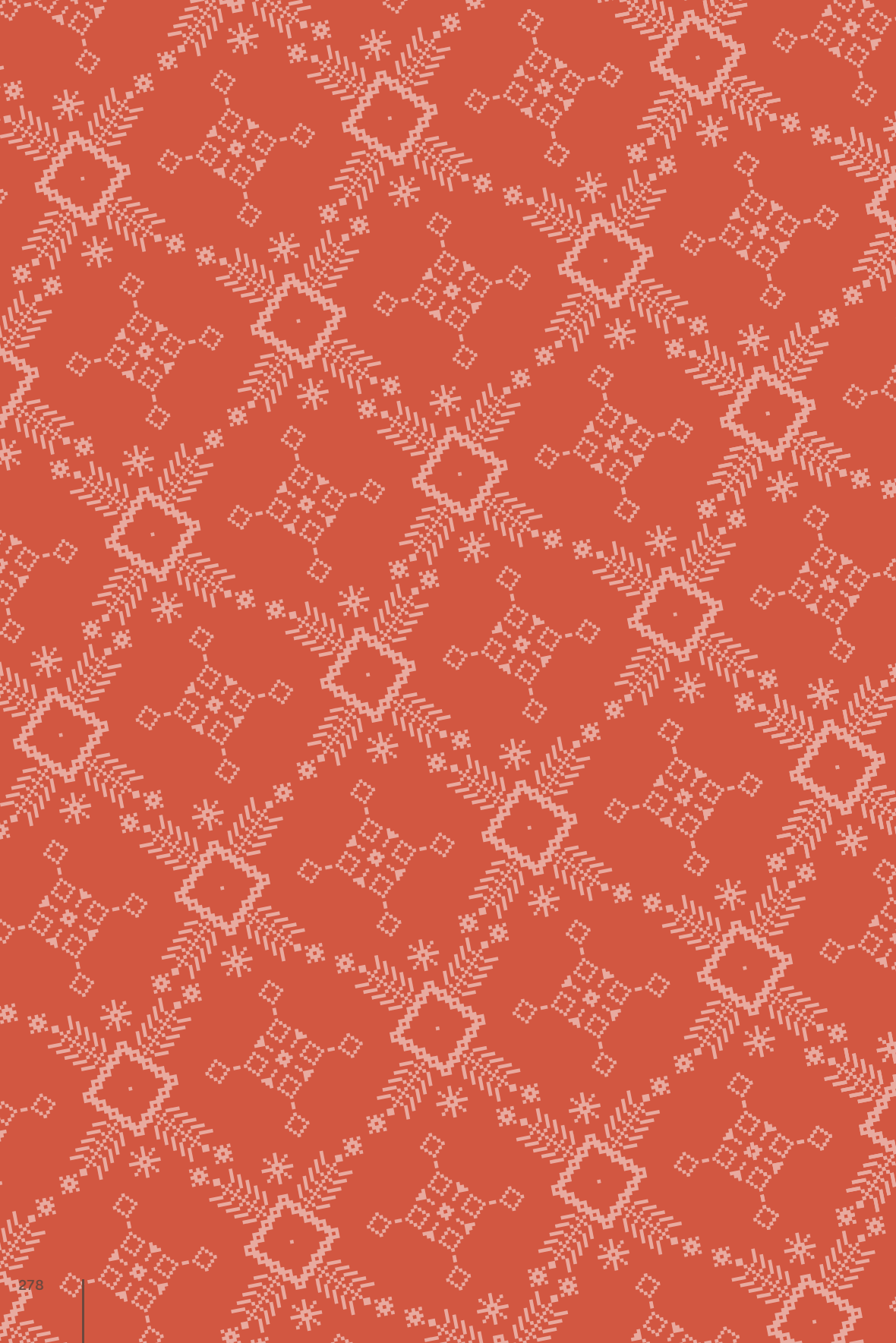
In front of the rubble of Youssef's house, at that moment, Youssef silently rearranged his thoughts. His calm words flowed to Adam and Maryam as he said firmly: "*You must trust and have faith in the beneficiary. Speak to people with an open heart, and genuinely, as you have spoken to me. This can build bridges to help us overcome the crisis.*"

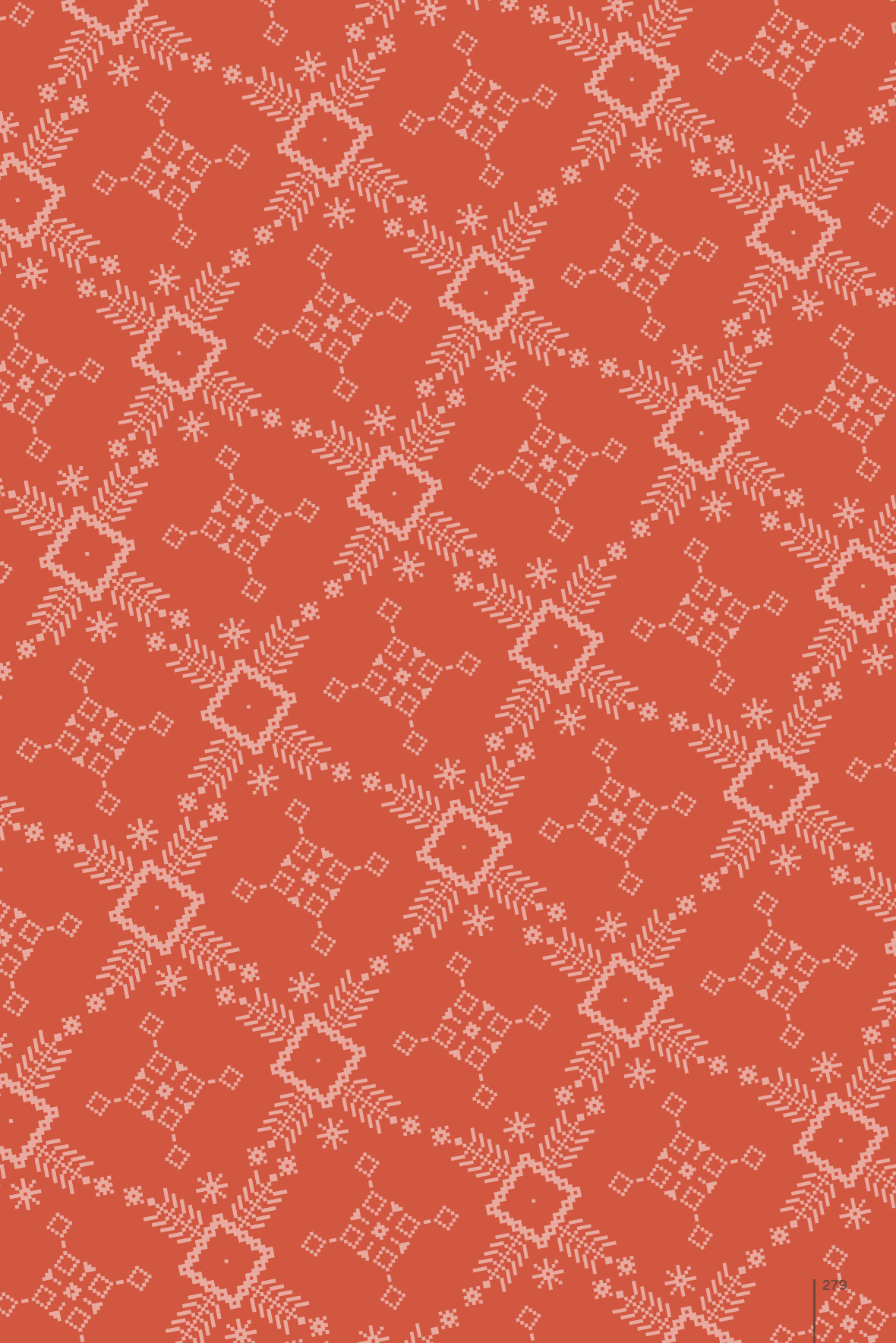
Maryam, who was listening attentively, nodded in understanding, seeing in his words a reflection of what she held in her heart. "*We carry goodness in the face of the evil that has occurred*," she added. "*Let us show the world and the people of the village that goodness still resides among us, and that there are things that have not collapsed, and that it is possible to build a better future.*"

Adam, who was gathering his thoughts and emotions, paused for a moment before responding. "*Our work as therapists is based on this solid foundation of faith and trust*," he said. "*We see goodness in the eyes of those who come to us seeking healing, and we draw strength from them to continue.*"

Youssef, reflecting on that truth, felt proud to be in their company. "*Together, we have witnessed how humans can grow and evolve through pain and suffering, how crises sharpen the will and strengthen determination.*"

And so, as the village continued its healing process, those three hearts shared a common vision: a vision of a world where good prevails over evil, where humanity rises through mental and spiritual well-being. With this deep faith and clear vision, they closed a complete chapter in the book of life and began writing the next chapter using pens wet with the ink of goodness and determination, believing that each new day is an opportunity to plant the seeds of goodness in the soil of this village, for its land to recover and its people to heal.





Chapter 8

Toward a Contextual and Relational Psychology Under Conditions of Ongoing Instability

Theoretical Positioning and Scholarly Reflections

Introduction: From Clinical Narrative to Theoretical Reflection

The preceding chapters have presented clinical encounters situated within five metaphorical villages. Through these narratives, psychological practice was explored in contexts shaped by occupation, institutional fragility, collective trauma, and ongoing structural violence embedded in settler-colonial conditions. While the narrative structure allowed for experiential immersion, reflection gradually becomes necessary. The clinical stories carry theoretical significance, and they invite us to think carefully about the conceptual implications emerging from this work and how these reflections connect with wider psychological scholarship.

This work advances a set of organizing principles that recur across clinical situations marked by ongoing instability. These principles emerged through sustained engagement in practice, dialogue, supervision, and reflection. Together, they form a developing framework rooted in lived clinical realities and shaped through continuous encounter with communities living under structural violence and historical domination (Martín-Baró, 1994).

Developmental psychology, trauma research, relational theory, attachment theory, community psychology, crisis intervention models, and psychoanalytic thinking all offer substantial insight into human suffering and recovery (Bowlby, 1969; Bronfenbrenner, 1979; Herman, 1992; Kelly, 2006). When psychological practice takes place in environments characterized by continuous threat, however, certain foundational assumptions require reconsideration (Eagle & Kaminer, 2013; Kirmayer et al., 2011). In such contexts, stability and safety are fragile, and the practitioner and the patient share the same reality. Neutrality may therefore mean something different; not distance, but staying present and thoughtful within that shared reality. Being there together in front of that reality becomes part of the therapeutic intervention itself.

The reflections that follow place the clinical stance developed throughout this book in dialogue with wider psychological scholarship, drawing connections between lived practice and existing theoretical conversations.

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Trauma in Contexts of Prolonged and Structural Violence

Contemporary trauma scholarship has expanded significantly over the past decades, encompassing not only post-traumatic stress but also complex trauma, developmental trauma, collective trauma, and continuous traumatic stress (Herman, 1992; Straker, 1987; Eagle & Kaminer, 2013; van der Kolk, 2014). At the same time, many dominant clinical intervention models were developed in socio-political environments where the traumatic event was assumed to have ended, and where relative structural stability could be restored. The diagnostic category of Post-Traumatic Stress Disorder reflects this temporal logic: an event occurs, the danger passes, and psychological effects remain (American Psychiatric Association, 2013). Within such frameworks, therapeutic work often centres on integration, mourning, and the gradual re-establishment of internal equilibrium.

In contexts of oppression, war, and structural inequality, traumatic exposure often becomes a continuing condition of life. For many individuals and communities, the ongoing threat becomes part of daily reality, affecting their routines and relationships. The literature on continuous traumatic stress and ongoing stress responses recognizes this pattern (Straker, 1987; Silove, 1999; Eagle & Kaminer, 2013). When danger remains present, reactions such as hypervigilance, anxiety, or emotional numbing may reflect efforts to live and survive within these conditions.

The clinical stories presented throughout this book reflect this context. Children, parents, and professionals live in environments overwhelmed by unpredictability and fragile institutional support. In such circumstances, the therapeutic task involves supporting the capacity to sustain coherence, relational trust, and a workable sense of meaning while instability continues.

These realities have implications for our clinical thinking. When diagnostic frameworks are applied without recognizing continuous exposure to threat, adaptive responses may be misinterpreted as disorder. Symptoms may lead to overdiagnosis or even misdiagnosis, as individuals might show different reactions than those assumed within original Western classifications of symptoms, where "resilience" is often expected as the outcome. Culture, language, and context shape how suffering appears and how symptoms are expressed (Summerfield, 2001; Bracken et al., 2012). Developmental disruptions, likewise, need to be understood within ecological systems shaped by violence

and uncertainty (Bronfenbrenner, 1979; Cicchetti & Lynch, 1993). The absence of playfulness in affected children may be mistaken for developmental disorder. A sense of lacking future orientation, as well as heightened reactivity in adults, may reflect the narrowing of psychological space under stress and pressure. In such cases, we risk pathologizing people or becoming blind to different ways of expressing suffering.

Paying attention to these issues in future research and in the application of psychological assessment and intervention is essential. Existing trauma theories remain valuable, yet their application requires sensitivity to context, culture, history, and language.

Relational Practice in Shared Contexts of Instability

Across psychological literature, there is broad recognition that psychological development is relational. Attachment theory (Bowlby, 1969), self psychology (Kohut, 1971), relational psychoanalysis (Winnicott, 1960; Bion, 1962), intersubjective theory (Benjamin, 2004; Ogden, 1994), and relational-cultural approaches (Jordan, 2017) all emphasize that human beings, if they are fortunate, develop and grow within relationships of protection, attunement, and containment. The ability to regulate emotions, sustain meaning, and tolerate frustration grows in the presence of an other who can be depended on within a relational field.

At the same time, much of this literature was developed in contexts where the surrounding social order was assumed to be relatively stable. In situations of occupation or prolonged crisis, therapist and patient share the same unstable context. The clinic, as an arena of relational encounter, is part of the wider socio-political reality. Institutions may collapse in times of war and escalating crisis. Collective grief is continuous. The therapist's own life is shaped by the same context of insecurity that affects those seeking help (Kirmayer et al., 2011).

The clinical position emerging from this book points toward what can be understood as relational presence within shared reality. Psychologists should remain aware of professional boundaries and thoughtful neutrality, but recognizing that therapy takes place within a space shaped by the same reality affecting both participants is part of the intervention itself. When external systems collapse under crisis and become unreliable, the therapist's steadiness, availability, and capacity to think and reflect under pressure may symbolize a force against a context that cannot think. The therapy room, or

the encounter itself, becomes a space that thinks and resists the collapse of the outside reality. This may offer a form of psychological stability.

This understanding is connected to ideas such as the holding environment (Winnicott, 1960), containment (Bion, 1962), and the analytic third (Ogden, 1994), but it is not limited to psychoanalytic language. It is also consistent with trauma-informed care (SAMHSA, 2014), community psychology's ecological perspective (Kelly, 2006), and culturally responsive practice (Kleinman, 1988; Sue et al., 2009). Clinicians from cognitive, systemic, developmental, narrative, or integrative backgrounds can adopt a contextual and relational stance without adhering to a single theoretical school (Norcross & Goldfried, 2005).

In contexts that are unstable and overwhelmed, authenticity and acknowledgment of shared conditions can strengthen the relationship, which is the essence of how human beings develop and grow. Ignoring the surrounding reality may feel invalidating. In these contexts, neutrality may be understood as a disciplined stance in relation to the impact of the outside reality on the clinician and the shared relational field. The "third" in the clinical room may include the political and colonial reality itself, and the therapist becomes a symbol of the effort to remain present, thoughtful, and ethically rooted while sitting together with the patient inside this fragile reality.

Diagnosis in Context: The Limits of Assumed Knowing and the Value of Tolerating Not Knowing

Diagnostic systems such as the DSM and ICD provide structured criteria for identifying patterns of psychological distress (American Psychiatric Association, 2013; World Health Organization, 2019). They offer a shared professional language and can facilitate access to services. However, these systems were largely developed within high-income countries and socio-cultural environments that assume institutional continuity and relative social stability. When applied in contexts affected by occupation, structural violence, and collective trauma, diagnosis requires careful reflection.

The experience of Beit Baseera (Chapter 6) illustrates this complexity. Omar's work with Ahmad, Khaled, and Issa demonstrates the risk of assuming that we already know the meaning of symptoms while separating them from language, history, and context. Medical anthropology and cultural psychiatry have long warned against removing suffering from its social context (Kleinman, 1988; Good, 1994; Bracken et al., 2012). Liberation psychology similarly emphasizes

that individual distress is often inseparable from political and historical realities (Martín-Baró, 1994; Prilleltensky, 2008). In Beit Baseera, silence, anger, and hyperactivity may appear as clinical indicators, but they may also be expressions shaped by lived oppression.

Ahmad's withdrawal, for example, could have been interpreted as depressive disorder or trauma-related regression. Yet his silence echoed the collective muteness surrounding loss in the village. Khaled's defiance might align with criteria for oppositional or attention-related disorders, but his relationship to authority was formed within a context where authority itself was experienced as intrusive and destabilizing. Issa's hyperactivity suggested possible ADHD, yet his constant movement and imaginative narratives reflected a child trying to tolerate restriction and uncertainty.

These cases shift our diagnostic questions from "What do these symptoms mean in terms of classification?" to "What has this context done to this child to result in the emergence of these manifestations of distress?" These two questions reflect different clinical stances. We are not claiming that psychiatric diagnosis is invalid. However, a practitioner who assumes full mastery of criteria risks over-diagnosing or misdiagnosing, particularly when children express suffering in ways that do not fully align with categories organized in the DSM or ICD. Diagnosis is interpretive work. Symptoms are not isolated from context: they are shaped by developmental history, relational dynamics, language, and ongoing threat (Cicchetti & Toth, 2009; Masten, 2014). Without contextual awareness, clinicians risk pathologizing adaptive responses.

The value of tolerating "not knowing" lies in recognizing that some expressions of distress may not appear in textbooks or fit neatly within classification systems. Asking what the context has done to the patient, instead of searching only for symptoms that match predefined categories, opens space to understand culture, history, and lived suffering more deeply. It requires expanding the way we ask questions. For example, "What disorder is present?" can be accompanied by "What conditions have shaped this response?" and extended further to the collective level: "What meaning does this behaviour hold within this community?" Such questioning broadens ecological models of development (Bronfenbrenner, 1979) and strengthens trauma-informed approaches that situate symptoms within wider systems of stress. It also encourages exploration of diverse ways in which distress may be expressed.

The work in Beit Baseera also highlights the importance of language. Terms such as "depression," "aggression," or "defiance" carry different meanings across cultures. Emotional pain may be expressed somatically, relationally, or symbolically. Silence may communicate protection. Anger may communicate resistance. Movement may communicate the search for space in a restricted world. Diagnosis therefore requires listening for meaning, instead of identifying criteria alone. Exploring meaning adds depth to assessment and guides more appropriate intervention.

The stance emerging from this village grows from the recognition that clinical knowledge affects real lives and must stay accountable to the realities people are living through. Psychological classification remains available and sometimes necessary. Yet looking for meaning must precede labelling. Context must inform interpretation. Clinical responsibility includes protecting individuals from being reduced to categories that fail to recognize the realities they are living in.

The Psychological Collapse–Restoration Framework

The work in Village Five (Beir Nassim) led us to frame an alternative intervention for contexts during and after devastating and prolonged war, displacement, genocide, and mass destruction. We called it the Psychological Collapse–Restoration Framework. This framework emerged from sustained clinical engagement in situations of prolonged war, institutional breakdown, and structural violence, where existing crisis-intervention protocols repeatedly showed their limits.

International humanitarian mental health responses have largely relied on Psychological First Aid (PFA) and related emergency guidelines (WHO, 2011; IASC, 2007; Sphere Association, 2018). These models prioritize immediate stabilization by promoting safety, calming, connectedness, self-efficacy, and hope (Hobfoll et al., 2007). While these principles are important in acute emergencies, their structure assumes that the crisis is temporary and followed by recovery.

In contexts of occupation, repeated bombardment, prolonged war, displacement, and ongoing political instability, the crisis is continous. It becomes a continuing condition (Miller & Rasmussen, 2010; Tol & Jordans, 2013). Large-scale

destruction can collapse regimes, displace millions of people, and produce hunger and may result in genocide. Institutions, infrastructure, schools, hospitals, and even international organizations may struggle to respond. The result is total collapse. People will react externally and internally: a psychological collapse of what holds us together as human beings. Threat continues and loss accumulates. In such contexts, stabilization alone is difficult, and even when achieved, it does not address the deeper patterns of psychological collapse that emerge under repeated catastrophic exposure.

The Psychological Collapse–Restoration Framework builds on established trauma theory (Herman, 1992; van der Kolk, 2014), developmental and attachment research (Bowlby, 1969), moral injury research (Litz et al., 2009), learned helplessness (Seligman, 1975), narrative psychology (Bruner, 1990), and relational containment (Winnicott, 1960; Bion, 1962). Its contribution lies in integrating these theories within a contextual and relational understanding of war as an ongoing condition. From this position, collapse is a structured psychological response to the breakdown of protection, meaning, and continuity.

Psychological Collapse

Village Five (Beir Nassim), the story of a village that suffered devastating war, highlighted the idea of psychological collapse when catastrophic violence struck and people experienced the loss of institutional care and other significant symbols of protection. Major countries around the world and international organizations failed to intervene effectively. Hospitals, schools, and civic structures were destroyed or became unreachable. What collapsed was both the infrastructure and the psychological structures that hold a sense of safety and meaning.

1. Loss of Control

Psychological functioning and well-being depend partly on the assumption that one can anticipate or influence events (Janoff-Bulman, 1992). Under bombardment, forced displacement, or the sudden destruction of institutions, this assumption collapses.

Research on uncontrollability demonstrates that when individuals perceive events as inescapable, stress responses intensify and coping capacity deteriorates (Seligman, 1975; Maier & Seligman, 2016). In prolonged war contexts, repeated loss of control deepens this psychological collapse. The individual may begin to feel like an object, as if reality is acting upon them without any possibility of influence over what is happening.

2. Loss of the Responsible Adult

Attachment theory highlights the importance of reliable protective figures and structures (Bowlby, 1969; Winnicott, 1960). Protection and responsibility can be symbolized by parents, governments, and institutions such as schools and hospitals.

In war settings, when hospitals, schools, and civic institutions are destroyed or become ineffective, individuals experience both material danger and symbolic abandonment. The loss of these symbols of protection and responsibility becomes internalized, especially when the destruction is widespread and prolonged. The world no longer feels held by a responsible structure.

3. Moral Collapse

Trauma research describes how catastrophic events can disrupt core assumptions about goodness and justice that people aspire to in life (Janoff-Bulman, 1992). In Village Five, individuals described a growing sense that destructive forces—a sense of pure evil—had taken over life and the world. Many spoke of feeling surrounded by harm, so it became difficult to recognize goodness or to trust that it still exists. This perception was shared by children and adults alike.

Research on moral injury helps explain this experience (Litz et al., 2009). The collapse here is ethical as well as emotional. The internal balance between good and evil, protection and destruction, becomes unstable. When this balance is lost, the world may be experienced as dominated by threat, and trust in moral order weakens.

4. Helplessness

Helplessness is connected to repeated experiences of the absence of agency (Seligman, 1975; Herman, 1992). In Village Five, people were exposed to danger without the possibility of influencing it. Neurobiological models describe immobilization under overwhelming threat as a protective response of the nervous system (Porges, 2011; van der Kolk, 2014). Freezing, passivity, and emotional numbing are initial survival mechanisms.

However, when exposure is prolonged and uncontrollable, this state shifts from temporary protection to persistent psychological shutdown. The individual begins to experience the self as ineffective, reduced to an object of events, losing the sense of agency within them. Helplessness then becomes a central component of collapse, weakening initiative, motivation, and belief in one's ability to act.

5. Shame and Guilt

During and after catastrophic events, individuals frequently internalize responsibility for outcomes beyond their control. Survivor guilt and shame intensify collapse by relocating external devastation into the internal moral sphere (Tangney & Dearing, 2002; Litz et al., 2009). The question becomes: "What did I fail to do?"

In contexts of large-scale destruction, this dynamic is amplified. Individuals may experience guilt for surviving, for not protecting others, or for perceived moral insufficiency. Shame narrows psychological space further, isolating the person even more. Collapse deepens as catastrophe becomes accompanied by self-condemnation.

6. Narrative Collapse

Trauma disrupts the continuity of time and narrative (Herman, 1992; Bruner, 1990). In Village Five, individuals described feeling fixed in the moment of destruction. The catastrophic event reorganized identity around itself. The past lost integration, and the future became difficult to imagine.

Without narrative integration, experience remains fragmented. The person cannot situate the event within a broader life trajectory. Collapse therefore includes temporal disorganization: the narrowing of experience into an

unprocessed present. Psychological stability depends partly on continuity of story; when this continuity fractures, collapse persists.

Psychological Restoration

The restoration dimension of the framework responds directly to the collapse factors described above. If collapse involves loss of control, loss of the responsible adult and protective systems, moral collapse, helplessness, shame and guilt, and narrative collapse, restoration works carefully to counter each of these processes. We acknowledge the collapse, we contain suffering, and we seek to identify symbols and small gestures that strengthen elements within the person's experience that restore control: the experience of a responsible adult, acts of goodness, dignity, and continuity of story. We try to restore time—past, present, and future. And if we do not find these elements, we become that symbol. The idea that the individual is telling his story means he is active. The idea that we are present and listening is itself an act of goodness that counters the experience of evil.

Restoration identifies and strengthens even the smallest surviving elements that resist collapse. The clinical task is to locate these elements and expand them so that the person does not remain organized around collapse.

1. Reintroducing Agency

(Responds to: Loss of Control and Helplessness)

Where collapse involves repeated loss of control and the internalization of helplessness, restoration begins with the reintroduction of agency.

Research on self-efficacy shows that perceived capacity to act is central to psychological recovery (Bandura, 1997; Masten, 2014). In practice, this may involve identifying moments, even minimal ones, in which the person made a decision, protected someone, moved, or endured.

The goal is to interrupt the narrative of total passivity. Even constrained action restores a sense that the self did not collapse into total helplessness. A sense of control and agency directly counterbalances helplessness.

2. Restoring Protection and Responsibility

(Responds to: Loss of the Responsible Adult / Collapse of Protective Systems)

When institutions collapse and symbols of protection disappear, individuals experience abandonment at both material and symbolic levels. Restoration therefore involves rebuilding experiences of protection within available relational structures.

This may include strengthening family roles, reactivating community figures, or allowing the clinician's reliability to function as a stabilizing presence and become the symbol of a responsible adult.

Attachment research highlights the importance of dependable relational anchors (Bowlby, 1969; Winnicott, 1960). In contexts where external systems fail, even modest experiences of reliability begin to restore the internal sense that protection, care, and responsibility are still possible.

Protection, care, and responsibility can re-emerge in relational spaces. Over time, this may influence and gradually extend back into community and society.

3. Rebalancing Moral Meaning

(Responds to: Pure Evil Experience)

Where collapse involves the perception that destructive forces or pure evil have overtaken goodness, restoration requires deliberate attention to moral counterweights.

Meaning-centered and moral injury research indicate that recovery depends partly on reconstructing moral coherence (Frankl, 1963; Janoff-Bulman, 1992; Litz et al., 2009). Clinically, this may involve identifying acts of solidarity, care, courage, or survival that occurred within catastrophe.

The aim is to prevent the world from being experienced as entirely evil. Even small evidence of care interrupts the totalization of evil and restores internal moral balance.

4. Transforming Shame and Guilt

(Responds to: Shame and Guilt)

When collapse includes self-condemnation, restoration involves differentiating responsibility from circumstance.

Clinical work here often requires careful exploration of what was realistically possible under conditions of threat. Survivor guilt is acknowledged without reinforcing self-blame.

By contextualizing events and restoring proportion, shame can be relieved and space for grief can emerge. The person can grieve without turning suffering into self-attack. This reopens psychological space that shame had narrowed.

5. Narrative Reconstruction

(Responds to: Narrative Collapse)

Where collapse disrupts temporal continuity, restoration rebuilds narrative coherence.

Narrative psychology emphasizes that psychological stability depends on integrating events into an ongoing life story (Bruner, 1990; White & Epston, 1990). In Village Five, individuals were often fixed in the moment of destruction and trauma. Restoration gently situates the event within a broader timeline: what existed before, what continues now, and what may still come.

The story becomes the container when institutional containment has failed. Through narrative integration, the event remains painful but no longer defines the entirety of the story. Each person develops a story of survival that contains both the moments of collapse and the movements toward restoration. This personal story is also connected to the larger story of community and national survival after catastrophe.

6. Temporal Re-Expansion

(Responds to: Temporal Fixation within Collapse)

Collapse narrows time into a permanent present of catastrophe. Restoration reintroduces temporal movement.

Even modest references to tomorrow, future roles, upcoming tasks, or long-term continuity help widen psychological experience (Herman, 1992).

Future orientation restores developmental flow. It reconnects individuals to the history of their endurance and opens space for possibility after the catastrophic moment.

The Psychological Collapse–Restoration Framework therefore reframes crisis intervention in prolonged war settings. It recognizes that when collapse is repeated and structural, restoration and counterbalancing collapse processes are essential for preserving our existential continuity. It must address agency, protection, moral coherence, narrative continuity, and relational stability in an integrated and contextual way.

Its contribution lies in adapting established psychological knowledge to contexts where crisis is continuous, institutions are unstable, and recovery cannot be assumed as a natural next stage.

Ethical Implications for Practice in War-Affected Contexts

Clinical practice in contexts of occupation, prolonged war, and institutional collapse generates ethical questions that challenge the application of standard professional codes. Ethical guidelines remain essential foundations (APA, 2017), yet when instability is ongoing and violence is structural, ethics are tested in daily clinical decisions. The psychologist stands in a complex position: carrying professional authority, training, and responsibility, while simultaneously depending on community knowledge, cultural meanings, and lived experience (Tervalon & Murray-García, 1998; Kirmayer et al., 2011). A psychologist working in such contexts must hold both positions. Exercising authority without reflection may risk replicating power dynamics and reproducing hierarchies that resemble oppression. At the same time, abandoning professional authority may mean failing to protect or to name harm when necessary. Ethical practice therefore requires holding two seemingly contradictory positions at once: to know, and to remain open to learning.

Working with children, families, and communities under chronic threat further complicates this stance. Cultural norms, gender roles, silence around trauma, and collective endurance may intersect with safeguarding concerns. The task is neither to impose external standards nor to ignore suffering in the name of cultural norms, but to think carefully, case by case, about harm, dignity, endurance, and protection within that context (Bracken et al., 2012; Martín-Baró, 1994). Under occupation, ethical challenges intensify. Confidentiality may be fragile, safety cannot always be guaranteed, continuity of care may be interrupted, and the therapist may share exposure to the same threats affecting patients (Kirmayer et al., 2011). In such conditions, transparency about limits, disciplined reflexivity, and careful communication become ethical acts in themselves. When institutions collapse, the clinician's reliability, presence, steadiness, and consistency may carry symbolic weight. The therapist may represent a surviving form of protection, moral coherence, and relational stability. Ethics in these settings are therefore relationally enacted, shaped in context, and continuously re-examined under pressure.

Implications for Applied Psychology Training

The content of this book suggests that psychological training must expand to include assumptions of structural instability that characterize many low- and middle-income countries, as well as regions that have endured war, displacement, and systemic violence. Much contemporary clinical education is built around environments where institutional continuity, physical safety, and predictable infrastructures form the background of therapeutic work. The villages described in this text reflect a different reality.

If psychology is to remain relevant, training programmes should begin thinking from the context and from local voices about what it means to be a clinician, instead of importing trainings and then adapting them. Adaptation is always useful, but we risk becoming blind to local manifestations of behaviour and suffering.

Here are some insights from our journey across the villages in this book:

First, training must cultivate contextual literacy. Clinicians need the ability to understand how socio-political forces, economic conditions, collective histories, and structural inequalities are manifested in mental health issues and in the development of children (Bronfenbrenner, 1979; Kelly, 2006). Without this literacy, distress risks being reduced to intrapsychic malfunction, detached

from the context that produces and maintains it. Contextual literacy requires the capacity to recognize how macro-level realities enter the consulting room and influence development, relationships, and symptom formation.

Second, training must develop tolerance for instability. Working under ongoing threat requires the ability to think and remain reflective when systems around the clinician are fragile. The therapist may not be protected by stable institutions. Supervision may be missing, rare, or interrupted. Services under crisis and war may collapse. In such conditions, the clinician's internal organization and professional identity become central therapeutic resources. The capacity to tolerate ambiguity, regulate affect, and delay premature conclusions parallels what developmental and mentalisation research describe as reflective functioning under stress (Fonagy et al., 2002). In unstable contexts, this capacity is a foundational skill that must be trained and relied upon.

Third, relational reflexivity becomes very important. When therapist and patient share exposure to collective stressors, neutrality can be interpreted differently and may be experienced as disconnection from reality. The clinician must be aware of their own location within the same social field, including their vulnerabilities and limits. We may need to move away from rigid ideas of boundaries and think instead in terms of relational spaces; boundaries can become relational and may vary from case to case. This awareness allows the therapist to differentiate between shared experience and the specific needs of the patient. Discussions of cultural humility and intersubjectivity support this stance (Benjamin, 2004; Hook et al., 2013), but in war-affected contexts this may become the central therapeutic space.

Fourth, narrative competence should be considered a core element of training. As illustrated in the Psychological Collapse–Restoration Framework, prolonged war disrupts temporal continuity and fragments meaning. Clinicians must learn to recognize narratives of collapse, identify fragments of agency within catastrophe, and assist patients in reconstructing stories that can contain suffering (White & Epston, 1990; Neimeyer, 2001). In such settings, purely expressive approaches or debriefing may not be sufficient. Grounding and breathing techniques alone may feel distant from the reality that collapse is occurring. The clinician's personality and position as part of the community may become symbols that help restore coherence where institutional structures have failed. Training should therefore include reflection on this role within the curriculum.

Finally, crisis intervention training must go deeper, because the harm is deeper and often connected to the whole personality and to collective experience. This may require moving away from fixed procedural protocols. Evidence-based models such as Psychological First Aid remain important (Hobfoll et al., 2007; WHO, 2011). However, in contexts where war is repeated and institutions are unstable, these protocols can become insufficient. Clinicians must develop situational judgment, ethical flexibility, and the capacity to adapt intervention to context. They must understand when role activation, moral rebalancing, relational containment, or the simple act of steady presence becomes more central than checklist-based stabilization. Training should therefore integrate structured theoretical knowledge with flexible, context-sensitive clinical reasoning.

In summary, these implications suggest that psychological education must widen its frame. We should reconsider the practice of importing well-established training programmes developed in stable systems and assuming that post-crisis recovery models can be implemented in contexts where the "post" has not yet arrived. Preparing clinicians by introducing training components focused on instability, even within programmes designed for stable Western environments, would strengthen flexibility and responsiveness in psychologists working with diverse populations, including immigrants and communities affected by structural stress within their own countries.

Training rooted in contextual awareness, relational depth, and narrative sensitivity equips practitioners for extreme settings and for a world in which structural instability is increasingly part of contemporary life.

Conclusion: Psychology as Presence, Interpretation, and Ethical Commitment

The journey across the villages in this book was an attempt to rethink the use of our knowledge and training. It has opened a way of thinking about psychological practice when instability is part of everyday life. The reflections in this chapter clarify a position that has grown gradually through practice: a stance that is contextual, relational, and willing to question its own assumptions.

Across the villages, several insights became clear. It is very difficult to frame trauma as something that belongs only to the past. In contexts where insecurity continues, psychological work must remain attentive to ongoing threat while still holding development, meaning, and future orientation in mind. Relational practice also cannot be imagined as separate from history. Therapist and patient often share the same fragile social and political reality. Professional responsibility therefore includes acknowledgment of this shared context while maintaining reflective space within it.

Diagnostic thinking requires similar care. Classification systems remain important and sometimes necessary. Yet the work in Beit Baseera and the other villages has shown how easily symptoms can be separated from language, culture, and political conditions. When this happens, adaptive responses risk being misunderstood or pathologized. Diagnosis in such contexts becomes an interpretive act. It asks what the symptoms are, but adds also what they mean within a particular developmental, cultural, and collective history.

The Psychological Collapse–Restoration Framework extends this position. In conditions of prolonged war and structural violence, intervention must address patterns of collapse that affect agency, protection, moral meaning, shame, and narrative continuity. Restoration is a careful effort to prevent total psychological disintegration when external systems have already collapsed. It works by strengthening remaining elements of agency, protection, goodness, and story so that the person is not organized only around the catastrophe and its collapse.

Ethically, practice in such environments becomes more demanding and more grounded at the same time. Authority must coexist with listening just as knowledge must remain open to revision. At times, the clinician may represent the only symbol of stability in a context where institutions have failed, yet this role is sustained by reliability, consistency, and the willingness to remain present when answers are uncertain.

For the discipline as a whole, existing theories remain important and useful. Developmental, relational, trauma-informed, and narrative approaches continue to be foundational. What is required is expansion and contextual adaptation. Frameworks developed in relatively stable settings must be thoughtfully re-examined when applied in contexts shaped by occupation, displacement, and prolonged insecurity. Expanding our perspective strengthens psychology's relevance across different geopolitical realities.

Ultimately, this book suggests that psychological practice under conditions of instability rests on enduring commitments: to remain present when structures collapse, to interpret before labelling, and to protect relational trust even when the external world is fragile. In this sense, psychology becomes a practice of sustained presence. Complexity and suffering are integral parts of our work, and when we practice within complex realities, clinicians may become symbols of restored coherence and dignity.

The villages show that psychological suffering reorganizes under pressure, and under extreme pressure even more so. The clinician's task is to accompany that reorganization carefully and responsibly. In doing so, psychology becomes less concerned only with symptoms and more engaged with meaning, relationships, and the preservation of human dignity under extreme stress.

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